
The effects of interviewing on the comfort levels of children with varying levels of sensitivity to questions that touch on their felt security and perceptions of being in kinship care: A Pilot Study.

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by P.B. Thoresen

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Abstract

Aim: This thesis reports the outcomes of a study designed to explore whether and how ethical and responsive interviewing of children in care with varying levels of sensitivity to topics that may threaten their felt security can be achieved.

Background: Children come into care with a complex array of developmental challenges. They have often experienced maltreatment, loss and disrupted attachment relationships. Little is known about the effects of interviewing children in care with varying sensitivity to questioning strategies designed to measure felt security and their perceptions of being in care.

Methods: The present study was iteratively designed using an exploratory mixed qualitative design. Children's reports (N= 12) were collected using a series of iteratively designed interview methodologies supplemented by information provided by their kinship carers.

Results: The following factors influence the comfort experiences of children in care: interviewer skill, interviewer and child role, child competence (perceived and real), child characteristics, external factors, ethical factors and the interview methods. The potential influence of mental health status and age were less clear. Factors related to felt insecurity were: relational, self-perceived competence and confidentiality related factors. The maintenance of the comfort experience of children in care when interviewing, cuts across many dimensions of the research context including relational, performance and methodological aspects. Children engaged in strategies to mediate their comfort, this was somewhat reliant on the methodologies and interviewer competency. Overall acceptable levels of comfort were reported to be maintained over the span of the research process.

Conclusions: Children in care have vulnerabilities that need to be addressed when including them in research. Careful consideration to the design of studies and interview methodologies will ensure children in care can participate in protective research environments. The benefits to this are reflected in the gathering of quality data which can contribute to the timely provision of the appropriate services for children in care. The present study findings provide guidance for future research involving children in various types of alternate care.

CHAPTER ONE: INTRODUCTION

At any given time around one million children reside in out-of-home care (mainly foster and kinship care) in the western world, including about 4,043 in New Zealand (Child, Youth and Family, 2012). The number of caregivers receiving the Unsupported Child's Benefit and Orphan's Benefit provides a better indication of the number of children in care. In 2012 this was 8,595 with an additional 2,760 granted (Ministry of Social Development Te Manatu Whakahiato Ora, 2012).

Almost all children reside in care in New Zealand as a consequence of significant maltreatment while in their parents' care (Ministry of Social Development Te Manatu Whakahiato Ora, 2009). They often enter care with a raft of complex behavioural, emotional and social difficulties which impact on their ability to develop into "healthy functional" adults and parents. Their perceptions of themselves and relationships can be distorted by negative experiences and trauma. These developmental vulnerabilities are often exacerbated by children's experiences within out-of-home care (Thoburn, 1990). Of particular concern are those experiences and systemic events that have the potential to impact adversely on their "felt security" and capacity to form close (present and future) attachments (Tarren-Sweeney, 2010a, 2010b).

The identification of the psychosocial effects on and exploration of the subjective experiences of children is a complicated matter. This is made increasingly difficult by: the pre-care and in-care experiences of the children (Tarren-Sweeney, 2010b), the employment of defensive mechanisms, and the distorted perceptions because of their adverse histories.

Children that are placed in care experience more mental health and educational problems and experience marginalisation, powerlessness and exploitation. These exacerbate feelings of helplessness, confusion, loss, anxiety, fear, apprehension of the unknown and sadness (Bruskas, 2008). Researchers identify the necessity to become informed of children's perceptions and experiences of care (Bruskas, 2008) to enable the provision of timely interventions to address the comprehensive developmental, mental health and complex educational needs of these children. These factors are stipulated as a "right" to service provision within the United Nations Convention of the Rights of the Child, 1989.

Because of this recognition of the need to understand children's perceptions and experiences of care, researchers have begun to design research projects to elicit the views of children. Children in out-of-home care report issues of: compounded loss, (relationships, cultural connections, pets, possessions, school communities, clubs, sports teams, churches); no sense of control over their lives (no involvement in the decision-making, the last to know, no free choices over where they live, how they live, who they live with, where they go to school, which friends they can maintain contact with); as well as ambiguity and confusion (why they are in care, how long for, whether they will be removed from care, if they will live with their biological parents again, if they will see them again) (Mitchell & Kuczynski, 2010; Whiting, 2000).

Foster care is not always a developmentally sensitive environment and can expose children to a inimitable trauma that must be considered in addition to pre-care trauma (Samuels & Pryce, 2008). Youth "aging out" of foster care have identified themselves as distinctively disenfranchised, experiencing ambiguity and ongoing insecurities about their placements and relationships (Samuels & Pryce, 2008).

The extent of in-care experiences on children is not well understood. Key to this is understanding the felt security of children in out-of-home care. There is a critical need to understand the effects that systemic factors have on the wellbeing and felt security of children in care. This understanding can contribute to the prevention of further exposure to these factors, assist in the development of interventions to repair the harm and protect the childhoods of children in care. This has major social care and public health significance.

Literature focused on child research presents a diverse picture of the ethical and methodological issues, resulting in much debate about the appropriateness of differing research methodologies with children in general. The many gaps within the current research specifically in respect of children in out-of-home care makes it difficult to ascertain whether literature concerning children's participation in research could be reliably applied to children in out-of-home care because of the uniqueness of their pre-care and in-care experiences.

To facilitate the understanding of the needs of children in out-of-home care further research is required. This requires the design and implementation of valid research processes. A challenge to researchers is designing studies that obtain valid measures of children's felt experiences without the study adversely influencing children's felt experiences. The very act of asking children about their family relationships, respite care, care experiences and sense of

belonging may increase a sense of felt insecurity among some children in care and reinforce their sense of being different. The potential for further psychological harm to children in out-of-home care through inadequate study design is an ethical and methodological concern faced by child focused researchers.

As often is the case with Child Welfare research the present study is cross-disciplinary in that it is informed from literature and studies from across a range of disciplines. The research question is based on “a real world” dilemma and follows a population health logic rather than testing a psychological model.

The present study investigates the effects of interviewing children in out-of-home care when the interview topics may threaten their felt security. The intention of the present study is to produce evidence that can be practically applied within the field of research with children in out-of-home care. To achieve this purpose the present study adopted a non-traditional pragmatic, mixed qualitative methods design. Under the umbrella of qualitative design the present pilot study is exploratory, quasi-experimental and iterative. It is exploratory because there is little existing literature on which to formulate hypotheses, quasi-experimental because the research tools are being trialled at each stage and iterative because each stage of the present study informs the progression and refinement of the next stage. The mixed qualitative method design of the present study contributed to a flexible progression through iterative responses to the emerging outcomes and refinement at each stage of the study. This maximised the rigour and ethical practicality of the present study.

It is worthy to further highlight the present study as an exploratory pilot study. The purpose of this pilot study was to raise the issues that may contribute to being able to better understand the ways children talk about their felt security and identify safer ways of measuring their felt security. This included identifying tentative propositions or potential hypotheses; refining the measurement of psychological comfort; determining which constructs and relationships between constructs are worthy to explore further.

The exploratory methodology exposed the study to uncovering unanticipated factors, the need to stop and divert to explore something in more detail; and the use of more than one methodology to better address the primary research question. This created large amounts of data; collection of which involved a lot of critical reflection and abductive reasoning; and the use of different forms of methodologies for data analysis. The difficulties in re-presenting the

complex, multifaceted approach and constructs of this present study to the reader are far outweighed by the significance of the outcomes to other researchers.

Over the span of the research process children contributed valuable information about their experiences of the research process and of being in care. This has provided interesting insights into the in-care factors as experienced by the participants and how their felt insecurity has the potential to affect their daily functioning, experiences of care and of being interviewed.

Key reflections have been placed as endnotes to aid transparency of the research process, a point made in research literature (Christensen & James, 2008; Forrester, 2010). It is hoped this will bring the reader closer to the writer's experiences and deliberations whilst designing and conducting the present study. The terms researcher and interviewer are often interchanged through-out because the researcher conducted the interviews.

CHAPTER TWO: LITERATURE REVIEW

The Literature Review is divided into three parts. Part One provides a critical appraisal of felt security and discusses the existing knowledge base of felt security in relation to other concepts relevant to children in care. Within this section the complexity of the nature of felt security and comfort is highlighted.

Part Two provides an examination of why and if children in out-of-home care should be included in research. This discussion encompasses the perspectives of literature, legislation and theoretical disciplines in relation to the protection-participation of children in research. Central to this is discussion as to whether children are competent or vulnerable.

Part Three provides a critical appraisal of the key challenges to the collection of data from children as discussed within child-focused literature. These challenges are considered in relationship to the study topic of interviewing children in care about sensitive topics that may threaten their felt security.

PART ONE: OVERVIEW OF FELT SECURITY

2.1 Felt Security

The term *felt security* has been used many times in literature however there appears to be no clearly accepted and consistently applied definition. Bowlby (1960) first introduced the concept when speaking of the complexities of attachment security. He identified the need to clarify the terminology between “being” safe and “feeling” secure (Bowlby, 1960).

According to Cortina (2001) who discusses Harry S. Sullivan’s interpersonal theory, felt security is a feeling state which when present activates the exploratory competence motivation system, and if absent activates the attachment system. Ainsworth (1988) uses the term in/security and restricts her discussion to attachment relationships (‘familial and extra-familial). She describes the feelings of confidence in self and assurance in others suggesting felt security is determined by the internal representations of self and others.

There is a growing literature base discussing the concept of felt security with many worthy contributors to the definition and exploration of felt security (see Cashmore & Paxman, 2006;

Davies & Cummings, 1994; Frey, Cushing, Freundlich, & Brenner, 2008; Holmes & Murray, 2007b; La Guardia, Ryan, Couchman, & Deci, 2000; Mikulincer, Shaver, & Baldwin, 2005; Murray, Derrick, & Baldwin, 2005; Murray, Holmes, & Griffin, 2000; Murray, Holmes, Griffin, Bellavia, & Rose, 2001; Ryan, Brown, & Creswell, 2007; Saribay & Andersen, 2007; Schaller, 2007; Triseliotis, 2002; Weiss, Wilson, Hertenstein, & Campos, 2000). Within these writings some terms which appear to be used when referring to felt security are emotional security, a sense of security, a sense of felt security, felt security and security. The inconsistent use of the term can limit the usability and comparison of research across literature.

Most researchers using the term felt security appear to have a generally agreed upon understanding of what it means; however, it has never been adequately defined. The term felt security appears to be interchanged with the trait specific classification of an individual as in/secure attachment (Ainsworth, 1988) and the state specific feeling of security (Holmes & Murray, 2007a). This literature contributes to the recognition of felt security as a central construct to the wellbeing and the adaptive psychological functioning of the individual.

Felt security is a term with its beginnings embedded within attachment theory. It is a term that has been generating much interest in research, specifically in respect of romantic adult relationships and children within the foster care system. Tarren-Sweeney (2010b) in his paper presenting the “developmental-transactional model of the psychosocial effects of impermanent care” proposes a re-conceptualisation of felt security. He proposes that the construct be used to describe the totality of the experience of security. Whilst attachment security retains its place as a central concept in relation to felt security his expanded use of the term encompasses the child’s holistic experience of felt security (including belonging, normality, loss and expectations of future relationships). He proposes that felt security is a combination of enduring trait-like security when generated by the internal working models (IWMs) as well as state-like responses to stressors.

- “Consistent with attachment theory, it is proposed attachment security represents the core of felt security
- Sense of belonging, connection with people, place (location and community), culture, and possessions (including pets)

versus

- Perceptions of being alone in the world; of alienation or exclusion from normative society; of disconnection from people and society; cultural alienation; of being ‘different to others (a component of self-concept)
- Some effects of loss are embodied within a child’s felt security
- Emotional components of felt security: Sense of well-being
- Emotional components of felt security: fear, anxiety, sadness, despair, anger, abandonment” .

Figure 1: Components of Felt Security (Tarren-Sweeney, 2010b)

If felt security is a term standardised through the development of a consistently applied definition outcomes across studies can be reliably compared maximising research potentiality. It is important definition consistency is maintained within the present study so comparative data remains consistent and meaningful. For the purpose of the present study the Tarren-Sweeney (2010b) definition will be applied:

Felt security can then be construed as representing a combination of relatively enduring trait emotional security (related to attachment security and self-construct) and of state like responses to stressful circumstances, especially those that trigger children’s attachment systems (p.1).

Other constructs that are suggested to influence felt security are: ambiguity (non and attachment related) (Mitchell & Kuczynski, 2010); perceived rejection (attachment related) (Murray, Rose, et al., 2005); lack of control/involvement/choice (Samuels, 2009); and perceived autonomy (Ryan et al., 2007) (non and attachment related).

In short, felt security will be defined as the “totality of the child’s phenomenological experience of security” (Tarren-Sweeney, 2010b).

To avoid confusion in the following discussions it is helpful to point out that under the term ‘felt security’ references are made to experiences of either felt security or felt insecurity. The term felt security suggests activation of the exploratory competence motivation system and felt insecurity the activation of the attachment system.

The importance of the construct of felt security in relation to selective attachments, IWMs and the developmental trajectories of children in care is becoming well recognised in current literature.

2.1.1 Internal Working Models and Felt Security

IWMs are representations of the self in relation to the internalised model of early self-other attachment relationships (Bowlby, 1960). They are based on three beliefs: life’s problems/distress as either manageable or unmanageable, others intentions and character as responsive or unresponsive, and the self as love-worthy and capable or unworthy and incapable (Bowlby, 1960; Mikulincer et al., 2005). These IWMs are deemed to predict the level of felt security (Bowlby, 1960; Cortina, 2001; Mikulincer et al., 2005; Saribay & Andersen, 2007).

When IWMs are adaptive the individual believes problems can be successfully overcome and they can devote their mental capacities to problem solving. The individual also believes others to be responsive to their needs and are therefore less preoccupied with relationships, leaving mental resources free to promote personal growth and social development. If individuals believe themselves worthy of being loved they become trusting and expect others responsiveness which reduces anxiety, fear of rejection and felt insecurity. They believe they have the skills to cope with problems/distress so perceived threats are less threatening and more manageable, increasing feelings of security (Andersen, Saribay, & Baldwin, 2005; Bowlby, 1960; Cortina, 2001; Holmes, 2000; Mikulincer et al., 2005; Murray et al., 2001; Saribay & Andersen, 2007).

IWMs develop slowly and then become more fixed, stable and resistant to change over time (Bowlby, 1960; Fonagy, Steele, Steele, Moran, & Higgitt, 1991). This would indicate felt security is also a relatively enduring (or trait-like) state. IWMs are cognitive mechanisms which influence the (feeling) state of felt security (Andersen et al., 2005; Baldwin & Dandeneau, 2005; Bowlby, 1988; Cortina, 2001; Holmes & Murray, 2007b). IWMs determine one’s thinking and behaviour in present, future attachment relationships as well as

non-attachment related activities. This could explain why failure in academic performance (non-attachment related factor) is common amongst those with attachment insecurity (Granot & Mayseless, 2001) as well as those children with a history of maltreatment (Barnett, Vondra, & Shonk, 1996; Berridge, 2007) and those in out-of-home care (Berridge, 2007).

If IWMs determine cognition, affect and behaviour it would be safe to assume they would indirectly influence experience, perception and participation in activities and relationships. If one views the world as a place of safety with responsive caring adults and the self as love worthy then they are more likely to *feel* secure about the self, others and the world. They become less preoccupied with relating to others and keeping themselves safe (Ryan et al., 2007). They are then free to try new activities, take more risks and trust in their competency to learn new skills and successfully connect with a variety of others (Ryan et al., 2007). It would be likely to see more exploratory behaviour (Cortina, 2001), autonomy and risk-taking (Ryan & Lynch, 1989). It is likely children's participation and openness to relationships within the interview setting would be influenced by their IWMs (which determine felt security) and therefore could affect their experiences and comfort levels within the interview in regards to the task and relational aspects. It is likely this effect would be increased when interviewing questions touch on topics that may threaten felt security.

Felt security is related to: mental functioning and wellbeing (Tarren-Sweeney, 2007), social connection (Saribay & Andersen, 2007, p. 183), cognitive reflectivity (Fonagy, Steele, Steele, et al., 1991; Mikulincer & Shaver, 2007) and resiliency (Ryan et al., 2007). All these concepts consequentially contribute both to placement stability and long-term wellbeing after care (Brandon & Thoburn, 2008). These factors are discussed further and considered in relation to the research context.

2.1.2 Mental Health and Felt Security

Children in out-of home care present with many complex mental health challenges (Kelly, Allan, Roscoe, & Herrick, 2003; Tarren-Sweeney, 2007). The effects of mental health problems such as “unrealistic thinking, frustration, tolerance and/or oppositional behaviour” are likely to affect children's perceptions of the research process (Drotar, 2008, p. 121). Little is known about how interviewing these children will affect their mental well-being or how their mental health status will affect their experience or comfort during the interview process.

Because of these mental health concerns children in out-of-home care are often prescribed medication. No literature could be found on the effect of medication on the performance or perceptions of children being interviewed. Because of this it is difficult to mitigate any possible effects of medication on the comfort experience of children when being interviewed.

Mikulincer and Shaver (2007) describe felt security and the relationship to aspects of mental health as, “the attainment of felt security is considered one important aspect of maintaining and promoting mental health, interpersonal functioning, satisfying close relationships and psychological growth” (Mikulincer & Shaver, 2007, p. 140).

Felt security de-activates the attachment system freeing mental capacities and personal resources to pursue other activities (Mikulincer & Shaver, 2007). In this de-activation process is the simultaneous activation of the exploratory (competence motivation) system. It is reasonable to expect that when children experience felt security, they will explore opportunities to learn and gain the skills required to achieve healthy developmental and interpersonal functioning. Felt security has positive effects on emotional regulation which is central to mental wellbeing, social adaptability, social perceptions and beliefs which are central to social functioning (Mikulincer & Shaver, 2007). This suggests felt security plays a role in determining emotional and behavioural responses and therefore influences the experiences of the individual (including the experiences of the research interview). Factors such as social connection, cognitive reflectivity, and resilience influence mental health. Furthermore they may contribute to the variation of the ways in which children in care experience their lives, the research process and the ways in which they report these experiences.

2.1.3 Social Connection and Felt Security

Relationships are of primary importance to human development (Bowlby, 1960) and felt security promotes human connection (Saribay & Andersen, 2007). Cortina (2001) suggests human development can only be understood within relationships. Frey et al. (2008) identifies felt security as one of the strongest predictors of future adult functioning and Holmes and Murray (2007a) identify it as having a great effect on adult social functioning in significant social contexts. Felt security is considered by Cashmore and Paxman (2006) to be an important factor in successful outcomes for children after care.

When felt security is present the employment of defence strategies are reduced allowing the individual to engage in pro-social or “pro-relational behaviours” (Saribay & Andersen, 2007, p.183). This assists in the strengthening of relationships, increases caring behaviour, offers of assistance to others and social connectedness (Saribay & Andersen, 2007). When it is not present defence mechanisms are engaged and it is unclear as how this will affect the responses and comfort experiences of children within an interview setting.

The experience of even one mutually responsive and respectful relationship may break the habitual cycle of insecurity and negative relational expectancies (Saribay & Andersen, 2007). This raises questions about the research relationship between the researcher and the child participant within the interview setting and what effects it may have on the felt security and comfort of the child, both short and long-term.

Increased felt security reduces threat appraisal and assists in the regulation of distress, this increases one’s belief in their ability to overcome perceived threats (Saribay & Andersen, 2007). Little is known about the effects of interviewing on children and whether perceived threats exist within the interview context and, if so, how these might be responded to by, or affect, the child participants.

It has been proposed the repetition of positive relational experiences will begin to re-work the IWM’s by reducing rejection bias and negative relationship expectancies, and by increasing the likelihood of responding to others in new and more functional ways, thereby reinforcing successful social interactions (Saribay & Andersen, 2007). It is reasonable, then, to conclude that if the relationship with the interviewer is positive, and children view the interview as a successful social interaction, then the research process may provide a ‘healing’ environment, acting to re-work IWM’s and provides short or long term benefits. If, however, the relationship is not viewed as positive then this has the potential to have a negative effect on the wellbeing of the participants.

Saribay and Andersen (2007) suggest that even minimal similarities between a person (the interviewer) and the ‘past significant other’ can trigger transference. Transference, they describe, is a process whereby there is a subconscious transfer of the mental representation of (in this case) a birth parent to another person (the interviewer). They identify that if transference occurs it can provoke a diversity of motivational and emotional reactions within and from the participant. They suggest this process “results in the activation of the relational

self, i.e., that version of the self as experienced *with* the significant other” (p. 184). The characteristics of the interviewer, the coming and going of the interviewer and the temporariness of the relationship (mirroring birth parent relationships and contact) have the potential to trigger transference. This would be likely to prime feelings of felt insecurity (Saribay & Andersen, 2007) and discomfort.

Little is known about the effects of the interviewer-participant relationship when interviewing children in care. Research participants are each likely to have their own unique attachment and maltreatment histories. It is therefore difficult to predetermine the likelihood of transference and how this transference may affect participant responses to the interview relationship, the interview context or how this affects their experiences of comfort. Furthermore if the relationship is not positive then this has the potential to reinforce maladaptive IWMs and risks imposing long-term psychological harm.

In their studies, Mikulincer and Shaver (2007) have shown that security primes (symbolic positive attachment experiences) increase felt security which benefit mental health, social relationships, develop altruistic attitudes and reduce intergroup hostility. This indicates felt security contributes positively to optimal functioning, and psychosocial development. It however, also raises uncertainty as to whether questions that may threaten felt security will prime feelings of insecurity and cause participant distress.

2.1.4 Cognitive Reflection (Mindfulness) and Felt Security

Mindfulness, cognitive reflection or the reflective self refers to the awareness one has over their own mental processes in relation to the self and others (Fonagy, Steele, Steele, et al., 1991; Mikulincer & Shaver, 2007). Fonagy, Steele, Steele, et al. (1991) refer to this concept as the “reflective self-function” (p. 203) and suggest the beginnings of the reflective self-function begin as early as two months and by six years is well established with on-going development. Maltreatment is thought to interrupt this process through the preoccupation with both attachment and non-attachment related threats. It is reasonable to assume then, that if the interview process is perceived as a threat this same interruption may occur, making it difficult for children to answer questions about their relationships with significant attachment figures. This is likely to affect the child participants’ real and perceived competency within the research interview and hence their comfort levels.

When the absence of felt security activates the attachment system it manifests in the use of defence mechanisms or maybe a preoccupation with relational stressors/goals. Defence mechanisms dampen the cognitive capacity, resulting in a reduction of the ‘mindfulness’ state (reflective function capability); this hinders development and creates habitually reactive behaviour which reinforces maladaptive IWMs (Fonagy & Bateman, 2007). Alternatively, the presence of felt security activates the exploratory system which manifests in independence, exploration, confidence, risk-taking, independent engagement, flexibility in relationship formation, resilience and possible IWM modification due to positive relational experiences (Fonagy & Bateman, 2007). All these factors and processes are likely to have an effect on the children’s experiences of care and being interviewed and how they respond within the interview context.

2.1.5 Resilience and Felt Security

Schofield (2002) in her interviews with adults that had experienced foster care as children identified that a sense of emotional security, cognitive reflectivity, family belonging and feeling effectual appeared to increase resiliency and successful transition out of care. Resilience was explored further in the Schofield and Beek (2005) reporting of the longitudinal *Growing up in Foster Care Study (1997-2002)*. They identified the promotion of resilience can include increasing felt security and that felt security (with active parenting) was seen to promote success, functioning and resilience in children in out-of-home care.

A definition of resiliency is “the process of, capacity for or outcome of successful adaptation despite challenging or threatening circumstances”. (Masten, Best & Garmezy, 1990, p. 426 cited in Scott-Heller, Larrieu, D’Imperio, & Boris, 1999)

When felt security is present it is suggested there is the presence of: high self-esteem, confidence, competence, self-efficacy, self-worth, empathy, autonomy, emotional regulation, help seeking and sense of wellbeing (Murray et al., 2000; Ryan et al., 2007). Research is limited and has not provided evidence as to the nature of the associations between these factors or the presence/absence of reciprocity; however they appear linked to effective social functioning and resiliency. Atwool (2006) supports this by proposing “Quality of attachment is instrumental in the four central areas associated with resilience, individual characteristics, supportive family, positive connections with adults or agencies in the environment, and culture” (Atwool, 2006, p. 321).

Resiliency contributes to successful outcomes and helps children and adults alike to rise above early adversity and accomplish positive life outcomes. The presence or absence, however, of these factors would determine the ways in which children would engage with activities and the interviewer in an interview setting and thus likely to influence the quality of their experiences of being interviewed. Schofield and Beek (2005) identify that a single event has the potential to change the progress of a child for the better or worse. It is therefore important to consider whether the research process acts to increase felt security and hence resilience, or acts to decrease these factors.

2.1.6 Competency and Felt Security

The presence or absence of felt security is suggested to affect the ways in which children perform and the ways in which children view their competence to perform (Mikulincer & Shaver, 2007; Ryan et al., 2007). The implications of the presence and absence of felt security are summarised in Figure 2 below as informed by literature. These effects have the potential to disrupt performance and the perception of the self as competent.

In short, if felt security is present the exploratory system is activated and the child is more willing to explore and attempt new tasks, feeling capable of overcoming any challenges to performance. When however felt security is absent the attachment system is activated and the child and their habitual attachment seeking behaviours get in the way of performance. This is likely to be fuelled by a faulty IWM driving their thinking that they are incapable of overcoming any challenges associated to task completion.

The interview design is integral to the real and perceived competence of children in the research context. It has the potential to threaten their felt security in relation to their perceived ability and competence if the interview methodologies are too difficult, complicated or act to prime their felt insecurity.

2.1.7 Cultural Considerations and Felt Security

Atwool (2006) suggests there is support for the universality of concepts relevant to attachment theory across cultures. She highlights the importance of a secure base for tamariki/children in out-of-home care. Little is, however known about the felt security of children from different cultures, specifically Māori. It is estimated in Aotearoa New Zealand (NZ) that 1,100 are Māori living with family/whānau and 630 live with (non-family) foster carers (Ministry of Social Development Te Manatu Whakahiato Ora, 2009). The present

study is conducted in Aotearoa NZ and therefore it is anticipated that Māori tamariki/children will be equally represented in the sample population. It is difficult to mediate factors that may affect their felt security when little is known about what these factors are and how these are likely to influence the comfort of these tamariki/children.

2.1.8 Comfort and Felt Security

The concept of comfort has been explored extensively within the nursing literature. Initially the concept of comfort was discussed and measured in relation to pain management, acknowledging only the physical nature of comfort (Kolcaba, 1994; Morse & Seung Eun Chung, 2003; Wilson & Kolcaba, 2004). More recently the concept of comfort has been analysed more closely resulting in the development of the comfort theory model (see Kolcaba, 2001; Wilson & Kolcaba, 2004). Comfort theory extends the physical aspects of comfort to include the psycho-spiritual, environmental and social aspects of comfort (Wilson & Kolcaba, 2004). The physical context is in relation to the sensation of the body, the psycho-spiritual context is in relation to the “internal consciousness of the self”, the environmental context refers to the external setting and the socio-cultural context refers to the relational aspects of comfort (March and McCormack, 2009 cited in Nilsson, Hallqvist, Sidenvall, & Enskär, 2011) .

In the application of the comfort theory Kolcaba and DiMarco (2005) recommend following three steps. These are stipulated as follows: (a) “understanding the technical definition of comfort and its origins, (b) understanding the relationships (propositions) between the general concepts entailed in the theory, and (c) relating the general concepts to specific paediatric problems/settings in order to enlighten practice and generate research questions” (p 188).

The technical definition of comfort is “the immediate state of being strengthened through having the human needs for relief, ease, and transcendence addressed in four contexts of experience (physical, psycho-spiritual, sociocultural, and environmental)” (Kolcaba, 2003 cited in Kolcaba & DiMarco, 2005 p.188). The theoretical concepts include the types of comfort (relief, ease and transcendence) and the four contexts listed above. In this definition; relief refers to the removal of discomfort, ease refers to the absence of discomfort and transcendence to the strengthening of someone to rise above the discomfort when it cannot be removed (Kolcaba & DiMarco, 2005).

Nilsson et al. (2011) provide a good example of how the comfort theory can be applied to (clinical) practice. In this example they highlight the importance of clinician competency, the child's sense of control (participation) distraction activities and felt security in establishing comfort. Within the present study the comfort theory is applied to the practical setting of interviewing children who are likely to have an increased potential of having their attachment systems activated, if their felt security is threatened, when experiencing discomfort.

Although some writers present security as equivalent to comfort (Saribay & Andersen, 2007) others recognise felt security as contributing to the comfort experience (Nilsson et al., 2011). It is reasonable to assume that if anxiety, perceived rejection and perceived incompetence threaten felt security (Saribay & Andersen, 2007) they are also likely to result in feelings of discomfort. The experience of discomfort however does not necessarily suggest this is because felt security has been threatened. There may be other reasons for the experience of discomfort such as embarrassment or boredom. From a theoretical understanding, however, of pre-care development and psychosocial affect, children in care are particularly prone to interpreting information in a way that affects their felt security.

In application of the comfort theory to the interview setting, questions are raised as to how relief, ease and transcendence can be facilitated throughout the research process with the purpose to maintain the comfort experience. This further raises questions about how factors such as interviewer competency, the children's ability to participate, use of distraction activities and threats to felt security influence the comfort experience of children being interviewed.

Maintaining participant comfort within the interview is likely to also maintain the participants' felt security and reduce the likelihood of activating the attachment systems. Maintaining comfort then becomes essential to eliciting authentic information from child participants as well as protecting the child's short and long-term psychological wellbeing. There is little research focused on the effects of interviewing on the comfort levels of children in out-of-home care when questioning them about issues that may threaten their felt security.

Disruption of birth parent relationships and displacement from their homes brings with it many pre-care experiences, complex behaviours and emotions. These are likely to be confusing and anxiety provoking for children that come into care making them susceptible to

adverse in-care experiences. It is unknown how these children think and feel about their relationships, themselves and the world around them but it is reasonable to assume that these factors are likely to be confusing and frightening for them.

It is anticipated that by interviewing children in out-of-home care the emergence of and prevalence of attributes of felt security will deepen the understanding of these attributes. This will help to inform the development of systems and practices that will increase placement stability, wellbeing and positive life outcomes for children in out-of-home care. A major challenge, however, to interviewing children in care about issues that may threaten their felt security is that the interview context will adversely affect their felt experiences.

2.1.9 Implications of Felt Security.

<i>Felt Security Present</i>	<i>Felt Security Absent</i>
<ul style="list-style-type: none"> • Takes calculated risks • Explores more • Reduces intensity of PTSD symptomology • Manages interpersonal interactions • High self esteem • Positive sense of self worth • Willingness to get close to others • Positive beliefs and expectations about relationships • Views the self as competent/efficacious/mastery • Perceives self as loveable, valuable, special • Achieves emotional balance • Adaptability • Experiences trust • Views the self as active/strong/competent • Increased cognitive reflection/mindfulness (spontaneous self-talk, appreciation parent can't mind read, comments on own ability to remember/think about their life history, less reliant on defensive behaviours) • Flexible response options 	<ul style="list-style-type: none"> • Uses defence strategies • Exhibits attachment behaviours (proximity seeking/withdrawal) • Anticipates/perceives rejection • Exhibits anxiety • Exhibits vigilance • Preoccupation with attachment related threat • Preoccupation with non-attachment related threats • Experience distorted perceptions • Has limited coping flexibility • Experiences interpersonal conflict • Have discrepancies between self-representations and self-standards • Notice/imagines insufficient interest, availability, responsiveness • Has negative expectations of availability • Limited capacity to make full use of potential to reflect

<ul style="list-style-type: none"> • Enhanced affect regulation 	
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Figure 2: Implications associated to Felt Security as informed by Literature (Mikulincer & Shaver, 2007; Ryan et al., 2007)

PART TWO: CHILDREN’S INCLUSION IN RESEARCH

2.2 Benefits to the Inclusion of Children in Research

Throughout the current literature on research with children is discussion about whether it is appropriate to include children in research and if so how to. Many diverse opinions about the inclusion of children are evident in the literature. These opinions rest primarily on the debate of whether children need protection or if this is outweighed by their right to participate. This protection-participation debate is driven by whether children are viewed as vulnerable or competent. The complexity of this issue is compounded when considering the adversity faced by children coming into care and whether this makes them more vulnerable than other children.

Until recently welfare agencies have relied on information elicited from caregivers, social workers and administration records to inform the needs of children in care (Fox & Berrick, 2007; Morison, Moir, & Kwansa, 2000). This has predominately been mirrored in research projects focused on understanding the needs of children in care. Interviewing children provides unique opportunities to expand the knowledge of the experiences of children (Fox & Berrick, 2007; Holland, 2009; Morison et al., 2000) and gain insights into aspects of the characteristics and issues relevant to the development of children in out-of-home care.

Fox and Berrick (2007) reviewed 22 studies investigating children’s perceptions of out-of-home care. Within this review they recognise the array of methodological challenges associated to research with children in out-of-home care such as relying on small and/or unrepresentative samples and untested measures. They identify a need for more quality research with children in out-of-home care, mentioning specifically the need for larger samples and the development of valid, reliable measures. Little information about the research processes used in these studies is provided in this review. This makes it difficult to determine; if there are risks or benefits to children in out-of-home care when being interviewed; or how children are likely to react to the interviewer and/or the interview setting. Interviewing children about their experiences in out-of-home care and the research process is likely to reveal both the complexities of issues relevant to their felt security and the effects of

interviewing on their wellbeing. This process will contribute to the exploration of how methodologies can be designed in ethical and trustworthy ways.

Children are the primary consumers of the care system yet they seem to be ignored or silenced both within research and in decisions that affect their lives (Fox & Berrick, 2007; Hill, Davis, Prout, & Tisdall, 2004). The literature reviewed by Fox and Berrick (2007) highlights the researchers' recognition of the importance of hearing what children in out-of-home care are saying about their experiences.

Although there is some research that indicates children were satisfied with their care provisions (Barber & Delfabbro, 2005; Wilson & Conroy, 1999); other research indicates that because of their adverse pre and in-care experiences, the life outcomes for children in care are poor (Mitchell & Kuczynski, 2010; Pilowsky & Wu, 2006; Samuels & Pryce, 2008; Whiting, 2000). This highlights the importance of seeking the views of children in out-of-home care to help clarify factors that may improve resiliency and positive life outcomes.

Children arrive in care with complex issues and risks associated with maltreatment and neglect (Bandelow et al., 2004; Barber & Delfabbro, 2009; Lamb, Gaensbauer, Malkin, & Schultz, 1985). It is unclear as to how the aspects of displacement and loss associated with coming into care exacerbate or lessen these risks. It is reasonable to suggest multiple sources of information (caregiver, social workers, administrative reports) including child report would contribute to a comprehensive understanding of the challenges and potential solutions from a variety of perspectives.

Children aging out of care have been described as: disenfranchised, vulnerable, stigmatised powerless (Samuels & Pryce, 2008); confused by ambiguous experiences (Mitchell & Kuczynski, 2010); perceiving a lack of control over their lives; and have experienced compounded loss (Samuels, 2009; Whiting, 2000). The inclusion of children in research and providing them the opportunity to share their stories as well as informing those that manage out-of-home care policy and service provision may, therefore, positively impact on their sense of loss of control, ambiguity, feelings of helplessness. It is considered that interviewing children may be beneficial and communicate respect toward the child participants (Whiting, 2000; Whiting & Lee III, 2003).

Because of the identified risks and the view of the child as vulnerable, researchers' might become hesitant to engage the views of children in out-of-home care without the knowledge

of how to address the array of methodological challenges related to this (Fox & Berrick, 2007). Little understanding of how this might affect the child participants' psychological wellbeing exists. As important as it is to provide opportunities for children's participation it is equally important that research is carefully designed with the view to protect them.

The Department for Children, Schools and Families, 2010b (pp. 4-5) cited in Winter (2012) propose the benefits of the participation of children in out-of-home care in research are: children feeling less anxious if they are involved in decision-making, they may gain greater insight into problem-solving, and it enhances the recognition and development of their resilience.

Further exploration of the psychosocial effects of pre-care, in-care experiences and the felt security of children in out-of-home care may help to address the comprehensive difficulties faced by children in care. Before removing children from their parents' care and trying to meet their compounded needs it is necessary to understand the ways in which children perceive their care experiences and how these experiences influence their felt security and developmental trajectories. This requires the recognition of the importance of being able to elicit and accurately report the perceptions of children in care. This will assist in the identification of features of out-of-home care that contribute to potentially negative and/or positive impacts on children in care (Kools, 1999) facilitating understanding of the needs of children in care (Kools, 1999).

Davies (1993) cited in Woodhead and Faulkner (2008), in *Listen to the child: a time for change*, proposed it is time for the perspectives of children to be given credence in all domains of psychological efforts (see also Hart & United Nations Children's Fund, 1992). Truly hearing what children have to say and learning from them is critical to the provision of their care (Alderson, 2011).

It is reasonable to assume the more that is understood about placement stability, felt security and the experiences of children in out-of-home care the more effective the policies and service provision will become. This in turn will ensure better life outcomes for children in out-of-home care. An increased focus on the methodological and ethical administration of research with children in out-of-home care when the study topics are potentially threatening to their felt security would increase the likelihood of improved research validity and ensure reduced potential harm to children.

It appears that researchers have been eager to seek the perceptions and full participation of children in research yet little attention has been given to the act of research itself. There is little research with children to ascertain how children perceive their participation in research (Barker & Weller, 2003; Roberts, 2008), and the research process (Barker & Weller, 2003; Woodhead & Faulkner, 2008). It is especially lacking in respect of the elicitation of sensitive information from children in out-of-home care and what affect the research process, specifically interviewing, has on them.

To understand all aspects of the child, the contributions of children are needed. Only children can say what they are thinking, feeling and experiencing. To help children express themselves and ensure what they say is given meaningful credibility, valid research methodologies are needed that maximise both participation and protection.

The primary question regarding the inclusion of any child (and arguably any participant) in research is that of whether the child requires protection from researchers or whether the child is entitled to participation in equal status to that of an adult. This question is what fuels the protection-participation debate evident in current literature.

2.3 The Protection-Participation Debate

A number of historical events have contributed to the focus and progression of research with children, and determined the ways in which children are approached within research. The political, educational, personal and moral spotlight (James, Jenks, & Prout, 1998) on children was influenced by significant social/cultural/historical events. These include the industrialisation of society, the ratification of the United Nation Convention of the Rights of the Child (1989), and the development of the theoretical perspectives of children especially the progression of sociological disciplines into child focused research. These events have had an impact on the way the expectations, roles and responsibilities of the child are viewed within society, and similarly they have impacted on the expectations, roles and responsibilities of researchers engaged in child focused research. The roles, status and rights of the child have become a focus of debate in all domains (Woodhead & Faulkner, 2008).

2.3.1 Industrialisation and Education

Agricultural societies prior to industrialisation centred work within the home and extended family (Brotherton, Davies, & McGillvray, 2010). This determined the value attributed to the child, in their capability to contribute to the economic functioning of the family, and the view

of the child as a competent contributor (Mayall, 2002). Industrialisation disrupted the family centred working style and parents became engaged in work outside of the home leaving children without care (Brotherton et al., 2010). This led to children roaming and getting in trouble (Mayall, 2002) as well as influencing a view of children as problematic and unruly (deviant) requiring supervision and structured activity (Brotherton et al., 2010). The education system filled this void and this began what is termed as “scholarization” which changed the way people valued children (Qvortrup, 1985 cited in Mayall, 2002). The purpose of the education system was to provide moral guidance and prepare children for the adult activity of work (Brotherton et al., 2010). In effect the establishment of the education system changed the view of children from competent beings, capable of economic and social contribution, to that of incompetent beings deficient in social and moral skill (Mayall, 2002).

2.3.2 The United Nations Convention of the Rights of the Child (UNCRC) 1989

A focus on the inclusion of children in research has greatly increased partly because of the United Nations Convention of the Rights of the Child (1989) (UNCRC). It has influenced a legislative obligation to the rights of children to participate. This has in turn created a strong focus on providing opportunities for children to participate across all domains of child focused work including research. This is problematic in the sense that little is known about how these opportunities to participate in research effects children’s wellbeing.

The UNCRC is an inclusive agreement that focuses on the human rights of the child. It specifies children's rights in international law. It outlines collective principles and standards by which children have the right to be viewed and treated internationally. It was adopted in 1989 by the United Nations and was sanctioned in New Zealand in 1993 along with another 192 countries, (United Nations Convention of the Rights of the Child, 1989). The UNCRC is highly valued by many countries and its key principles have been integrated into many legislations and policies involving children across the world. It includes 54 articles which can be adequately captured by the following four principles taken directly from the UNCRC:

- all children have the right to protection from discrimination on any grounds
- the best interests of the child should be the primary consideration in all matters affecting the child
- children have the rights to life, survival and development
- all children have the right to an opinion and for that opinion to be heard in all contexts (United Nations Convention of the Rights of the Child, 1989).

The ratification of the UNCRC, 1989 by many countries instigated a flurry of research to ensure children had a “voice” in research and that their participation rights were met (Harcourt, Perry, & Waller, 2011).

The core concept of the UNCRC (1989) and the New Zealand’s Child, Young Persons and Families Act¹ (1989) are to recognise the right of children to protection, provision and participation. It is a fragile line of balance between the essential need for protective services for children, the provision of services that effectively meet their needs and the opportunity for children to participate within service design, delivery and provision. This legislation has become a focus of those involved in the welfare of children and incited a flurry of child inclusive research. The provisions of the UNCRC, 1989 have stimulated debates across research disciplines about how to incorporate in an ethical manner the inclusive provision for children’s participation into the field of research.

Those who advocate against the UNCRC suggest the articles implicitly challenge parental rights and responsibilities making them inferior to children’s self-determined action and proposed rights of autonomy. They suggest the UNCRC creates potential conflict between a child’s autonomy and the parental duty to care for and protect the child. They question if the parental use of authority to protect the child and the child’s autonomous rights should conflict, which right has more value and what basis is this decided on (Maley, 1999).

Parents are vital agents in the protection of their children. Children in out-of-home care lack this protective agent in their lives. It cannot be assumed because a child chooses to participate in an activity that it is safe for them to do so. Children often benefit from the parental wisdom of experience and foresight of harm. Tarren-Sweeney (2010a) identifies parental care is an integral factor missing from the lives of children in out-of-home care and they are often “alone in the world” (p. 620). He goes on to suggest a guiding principle for professionals in contact with children in out-of-home care is asking “What would I want for this child, if he or she was *my* child or grandchild (p.620)?” The point is valid and it translates well to the realm of decision making within the research setting.

To understand how to incorporate the other two principles of the UNCRC, 1989 (protect and provide); it is thought children first have to participate in research environments. The debates

¹ The Child, Young Persons and Their Families Act – stipulates the law in respect of children needing care and protection or are young offenders of the law. Section 5 stipulates the inclusion of the views of the child and family must be considered before decisions are made about the child or youth.

of how to incorporate all the principles of the UNCRC is fuelled by the varied perspectives adults hold of the child. The dilemma exists as to how we can identify and advocate for children's needs at policy and service provision levels without first eliciting and understanding the experiences of children in out-of-home care (Freeman & Mathison, 2009) and to do this in ways that minimise risks of psychological harm.

The writers of the UNCRC, 1989, and the Child, Young Persons and Families Act, 1989 were insightful and ambitious by including protection, provision and participation as united goals, because of the complex interrelationships between these three concepts. Without protection it is impossible to achieve effective provision, without the children's participation it is difficult to ascertain what effective provision is and where protection is needed. Issues of protection should claim its rightful first place. Yet whilst focusing on the deserved need for protection it can be considered vital to balance protection with participation. This is achieved by ensuring children have access to the right to choose to participate (or not) in areas that affect their lives. Participation can contribute to a sense of control and insightful decision-making which is often reported to be lacking in the lives of children in out-of-home care (Samuels, 2009; Samuels & Pryce, 2008; Whiting, 2000).

Research actively pursuing children's input and participation can facilitate the understanding of the needs of children in out-of-home care. To ensure that research is both participative and protective it is important to find out how the research process is experienced by children in out-of-home careⁱ.

The theoretical works about children and their functioning are key to informing child focused research design. These theories are integral to the ways in which children are currently understood both in their capabilities and within the protection-participation debate.

2.3.3 Theoretical Perspectives on Children

Child development and sociology are two dominant frameworks that have contributed significantly to the ways in which children are viewed across the domains of society and their participation in research, specifically the New Social Studies of Childhood. The following theories discussed in relation to these frameworks and the associated theoretical frameworks which have directly informed the present study.

The relevant theories that stem from the developmental framework are: Piaget's (1896) cognitive stage development theories which were further developed by Margaret Donaldson

(Papalia, Olds, & Feldman, 2006); Bowlby's (1907) attachment theory; and Watson (1878) and Bandura's (1925) social learning theories. The relevant theory that stems from the sociological discipline is Berger & Luckman's (1967) social constructivism theories which developed out of the postmodern paradigm (Corey, 2009).

Piaget's stage development theories have been foundational to the understanding of cognitive development from infancy to adulthood. Piaget's stages of cognitive development suggest children progress through specific stages (generally based on age) of cognitive competence. The limited focus (which is often used to fuel the protection-participation debate) on this aspect of Piaget's work undermines the ways in which Piaget engaged with children in his research practice. Piaget's use of the "interrogatory" interview emphasised children engaging and talking freely to allow Piaget to attentively engage with the way children's thinking unfolded (Woodhead & Faulkner, 2008). Piaget claimed a child's intellect was constructed through a child's engagement with the environment (Woodhead & Faulkner, 2008). Piaget's experimental tasks (Woodhead & Faulkner, 2008) and the resulting theories of "normative age" development have been considered the "litmus test" to assess for cognitive maturity (Woodhead & Faulkner, 2008, p.24). They have hence been used to assess for children's competency to consent and participate in research appearing to justify the protection stance of the protection-participation debate. The perceived reliance on the normative stages on age and its perceived limits on competency assessment contribute to the criticisms (by followers of the sociological perspectives) of developmental approaches in viewing children as in a "state of becoming" instead of "beings in their own right" (Christensen & James, 2008; James et al., 1998).

Bowlby's attachment theories have shown to be a common theoretical framework that underlies the majority of research focused on children in out-of-home care (Barth, Crea, John, Thoburn, & Quinton, 2005; Schofield, 2002). This theory suggests the quality of the early attachment relationship between the primary caregiver and infant is likely to determine the quality of later relationships (Murray, Derrick, et al., 2005). This is proposed to occur through the development of IWMs. These IWMs drive the perceptions of self, others and the world (Ryan et al., 2007).

Although some suggest, attachment models have their limitations in the prediction of future wellbeing of children in care (Barth et al., 2005), they do provide some insight into factors that influence felt security such as anxiety reduction and perceived threat and the relational

dynamics between children (participants) and adult (interviewers). The attachment concepts of security, insecurity and IWMs provide a solid theoretical framework from which to explore the construct of felt security.

Attachment theorists according to, Papalia et al. (2006), differ in their view of the child as passive or active in their own development processes. These attachment theorists view the child as responding/reacting to their early attachment experiences driven by their IWMs (semi-fixed beliefs) about themselves, others and the world. In line with this perspective the IWMs of children would influence their perceptions and responses within the interview setting. In the case of children in out-of-home care they are more likely to have distrustful IWMs developed in response to their pre-care and in-care experiences.

Social learning theory complements attachment theory for the way in which learned behaviour can affect the IWM's of the child and hence their felt security. Social learning theory suggests that behaviour is learned (Papalia et al., 2006). Two foundational theories often related to social learning theories are behavioural and social cognitive theory (Papalia et al., 2006). John B. Watson's (1878) behavioural theories suggest that behaviour is learned through a process of the stimulus (behaviour) being reinforced by a response (consequence). Papalia et al. (2006) suggest that through experiencing these stimulus/response pairings people learn which go together and hence learn how to make their world more predictable (Papalia et al., 2006). It is not fully understood how maltreatment, neglect and displacement affect the learned behaviours of children in out-of-home care. It is reasonable; however, to suggest the stimulus/response pairings experienced pre-care by these children could establish unhelpful IWM's and behavioural patterns. The likely inconsistent and illogical responses/consequences experienced by these children in pre-care (and in-care) could reinforce unhelpful IWM's of the world as unpredictable, adults as untrustworthy and reduce self-efficacy, resulting in anxiety for these children.

Albert Bandura's (1925) social cognitive theory proposes that people imitate behaviour which is observed (modelled) (Papalia et al., 2006). The behaviour they choose to imitate is determined based on feedback and what they think is valued within their cultural setting (Papalia et al., 2006). The inconsistent, faulty or lack of feedback and unreasonable behaviour expectations, such as the child taking on parent responsibilities, that is likely to accompany maltreatment and neglect is also likely to affect to the child's detriment their sense of themselves and the worlds around them, hence their felt security. These theoretical

understandings contribute to the recognition that some children are more vulnerable than others because of their historical experiences and relationships and protection.

The relevant theories that stem from the sociological framework primarily view the child as a socially constructed being. A child's knowledge originates from and is sustained through their social interactions. The theoretical frameworks of social theory, social order and social justice (James et al., 1998) contribute to the theoretical understandings of the socially constructed child. Socialisation (based on psychological concepts) was initially the dominant sociological process² applied to understanding the socially developing child. Socialisation is defined as the process by which society's characteristics contribute to the shaping of the child (James et al, 1998). A child engaging purposefully in their own socialisation process is an assumption of the social constructivist outlook (Freeman & Mathison, 2009) which is a theoretical framework the New Social Studies of Childhood predominantly rests upon.

The sociological approach to childhood reflects the work of the feminist movement. Childhood (and thereby children) are viewed from a political standpoint. Mayall (2002) discusses the need to "problematize" childhood by using terminology aligned to social positioning and social order. She identifies that a child's rights flows from the recognition of the child's ability to be responsible, which then raises their social standing and value in society.

This sociological paradigm views the researcher and the child as collaborative partners in the research process. The researcher (therapist) is no longer the expert and the child (client)'s perspective is not questioned about authenticity or validity; the child is viewed as the expert of their own world (Corey, 2009). This promotes the idea that all children are competently able to contribute as the expert of their own lives within the interview context.

Christensen & James, 2008 in their book, *Research with Children: Perspectives and practices* bring together a collection of writings from researchers that span across disciplines but share a focus on Childhood Studies. They highlight the desire of researchers to reposition the child as socially constructed and possessing agency thus empowering children through active participation in the research process. This, they say, assists research to progress from

² The process of socialisation is a process that is also recognised within the child development field (see Papalia et al., 2006).

objectifying the child (in research *on* children) to researchers acknowledging the agency of children (participating *with* children in research) and then progressing to research *by* children.

Ethical and methodological dilemmas such as the objectified status of the child, challenges of informed consent, avoidance of deception or harm, and confidentiality are extensively discussed in sociological literature (see Woodhead & Faulkner, 2008). The concept of research *with and by* children has prompted a focus on participatory research designs, representing them to be the “better” methodology for use with children (Gallacher & Gallagher, 2008). Power inequalities and child agency are often discussed. The very notion of power inequality ironically presents children as a minority in need of protective adults to advocate for their participation. Yet these researchers view the child as a social actor, a being in the present (Mayall, 2002), entitled to and with the capacity to enjoy equal power rights with adults.

Proponents of the New Social Studies of Childhood drive the participation side of the debate. They view the child as an active participant with agency and the right to fully participate within research (Christensen & James, 2008; Mayall, 2002; Powell & Smith, 2009). They suggest those in authority of children act as gatekeepers with the potential to exclude them from participation, hence from the very experiences that they would benefit from (Powell & Smith, 2009). The major paradigm shift that the New Social Studies of Childhood literature has emphasised is the view of the child from object to social actor with agency (Christensen & James, 2008) with rights of participation touted as a priority. Their focus is on the exploration of children’s perceptions of their interactions with the world around them and to further their understanding of childhoods.

Eriksson and Näsman (2012) warn that just because children are viewed as social actors this does not mean that they are not in need of protection and help from adults. It could be considered unethical to enforce methodologies on children until we know how they will react. Children in out-of-home care have adverse histories and present with a complex array of challenges and behaviours. It is therefore difficult to anticipate the effects of interviewing these children and whether these effects will have negative repercussions.

Those researchers aligned to the sociological perspectives acknowledge the ethical and methodological progress which is needed in research with children (Christensen & James, 2008). They encourage researchers to discuss openly the ethical and methodological issues.

They promote the provision of transparent descriptions and reflective dialogues of their work with the aim to progressively build on the knowledge relevant to childhood studies.

The sociological and the developmental world views differ in the angles from which they view the questions surrounding children, the complexities of children and childhoods and research with children. These complexities require diverse views and methodologies to capture fully the multifaceted aspects of the child (Papalia et al., 2006; Prout, 2005). A comparison of the disciplines could be loosely likened to looking at the child through a microscope (developmental focus on the child) or through a telescope (sociological focus on children and childhood). They often appear to dispute each other yet each offer valuable perspectives on children and the ways in which children respond to and learn from the world around them.

Although both the above theoretical frameworks differ in their emphasis on the protection or participation argument, both theoretical viewpoints support the value of identifying better methodological and more ethical ways of interviewing children. It is through greater collaboration by those with diverse views and approaches that the progression of scientific knowledge can be better informed; methodologies and practical applications can be designed with the view to facilitate protective and participatory research and services for children.

A study design based on the diverse understandings of both the theoretical perspectives of the developmental paradigm and sociological paradigm is required to inform the methodological and ethical dilemmas associated to interviewing children in out-of-home care.

From the attachment perspective it is anticipated the child participant will interact with the interviewer in ways that are expressive of his/her IWMs about the interviewer (i.e. whether adults are trustworthy, reliable), about themselves (whether they can competently manage the interview context) and about the world (whether the interview context is safe). From the social constructivist perspective it is anticipated the child will competently interact with the interviewer actively responding to the environmental and situational factors that arise with the purpose to make sense and meaning from the wholeness of the experience. In both perspectives the child is viewed as competent and able to contribute actively to and to influence the interview process, interview relationship and hence the research outcomesⁱⁱ.

More research devoted to exploring the effects of the participation of children in out-of-home care is required to ensure their participation enhances wellbeing and does not undermine it. A

beneficial approach to the research process would be to incorporate the perspective of the child as both competent to make decisions about participation and contribute to the refinement of the research process, and also as potentially vulnerable because of inherent power imbalances between adult researcher and child. A child's past experiences of maltreatment and displacement and possible sensitivity to questions may threaten their felt securityⁱⁱⁱ.

These various perspectives of the protection-participation debate are often argued from a simplistic dichotomous standpoint. These perspectives overlook the reality of how families balance protection and participation motives when making decisions about their children. These perspectives undermine the ways in which experienced researchers weigh up the protective and participatory aspects of research with children in a fluid and continual series of decisions. Yet they clearly highlight the ethical debate of how the child should or should not be viewed and how this can act to influence research practice with children.

Protection and participation need to be approached simultaneously (Birbeck & Drummond, 2005) and given equal attention. In reality protection and participation sit on a continuum with decision making about research methodology and interviewer approaches, moving fluidly back and forth between protective and participative choices. This emphasises the need for an ethically reflective (Duncan, Drew, Hodgson, & Sawyer, 2009) approach to research with children, specifically those in out-of-home care.

These differing views emphasise the argument of protection versus participation as a matter which is not easily solved. The discussions have revealed the importance of how the child is viewed in relation to the way in which they are treated within research and written about in research literature. The discussions in current literature centre on whether children are competent to participate in research, or vulnerable to further harm requiring protection from research. Of particular relevance is the question of whether specific groups of children such as children in out-of-home care are more vulnerable than other groups.

2.4 The Competent or Vulnerable Child

The way the researcher views the status and capabilities of the child influences the research project from beginning to end (Punch, 2002). The researchers' views determine the choice of research topic, the ways in which the researcher interacts with the child participant and by

what methods and the ways outcomes are interpreted, analysed and reported (Barker & Weller, 2003; Christensen & James, 2008; Punch, 2002).

Barriers to the participation of children in research have (at one extreme) been suggested to be related to adults' perceptions of the child as not capable and adults not wanting their own rights and authority being undermined by the recognition of children's rights (Hill et al., 2004).

2.4.1 Literature Based Perspectives of the Child

Five common views identified in literature of the way children are engaged with in research are as: object, subject (Woodhead & Faulkner, 2008), social actor (Christensen & James, 2008; James et al., 1998; Prout, 2005), participant and co-researcher. These views determine whether research is designed to be *on*, *with* (Christensen & James, 2008; Mayall, 2002; Trusell, 2008; Woodhead & Faulkner, 2008), *about* (Messiou, 2008) or *by* children (Coppock, 2011; James, 2007). These views also determine the methodologies that are implemented in the study designs. Although there has been much discussion on this, particularly within the sociological disciplines, there are still many gaps in the knowledge of how interviewing and research affects and is perceived by children themselves (Barker & Weller, 2003). There is even less research exploring the effects of research and the effects of engaging children in research when exploring sensitive topics especially for children in out-of-home care with vulnerable histories, tenuous care placements and experiences of separation and loss.

Key to the protection-participation debate is the question of whether some children are more vulnerable than others. It is considered by some that for children aged under 18 years, their minority status alone makes them vulnerable (James & Prout, 1997). There appears to be a variation of opinion in the literature about how children should be treated within research. These opinions are primarily centred on the differences of children in relation to adults. Little attention in literature is given to the differences that may exist in the vulnerabilities of different child groups, this includes across diverse cultural groups.

The first opinion presented in the literature is if the child is viewed as vulnerable and incompetent then specific methods and ethical standards are required (Ellonen & Pösö, 2011; Kirk, 2007) because they are seen to require greater protective measures. The second opinion is that if the child is viewed as a competent social actor with agency then they have the same

research requirements as adult participants (Ellonen & Pösö, 2011; James et al., 1998). Although these perspectives drive the protection-participation debate, Punch (2002) suggests it is the intrinsic power imbalances that exist between adults and children that require attention.

Alderson and Morrow (2011) discuss the differences between the consent of a child and adult which reflects these power imbalances. Adults have the prerogative to take risks whilst children have to make decisions based on what is beneficial for them (Alderson & Morrow, 2011). Adults can over-ride children's decisions (Parekh, 2007), are responsible for assessing children's competency to consent (Duncan & Sawyer, 2010) and can intervene removing the opportunity to participate without children being aware of the existence of the opportunity. A good example of the latter is the way in which the Ministry of Social Development (MSD) in New Zealand processes any applications for research with children in out-of-home care under their guardianship without including the children or their caregivers in the decision.

Views of children's vulnerability tend to be polarised with neither reflecting the true nature of the adult-child power and engagement within families nor the fluid nature of vulnerability according to context, perception, character. Neither do they acknowledge that at some time all participants (and interviewers) may feel vulnerable without actually being vulnerable. These views tend to reinforce the dichotomous thinking associated with the protection-participation debate.

In the findings of Mayall's Childhood Study (1997-1999), children recognised that adults exercised control over their lives and the children agreed this was the right thing. Children thought that their childhood was mostly a good time with adequate protection and being provided with opportunities for experience and learning which would not be repeated in adulthood. They recognised that there are divisions between childhood and adulthood as to "responsibility, age, and hierarchy" (p.113).

They identified the factors as related to their status as "restrictions, absence of rights, childhood as a time for learning and protection and provision" (Mayall, 2002, p.113). These aspects more specifically included: the element of adult control, having to ask permission, the perpetuity of the child-parent relationship, parents protective and teaching authority, school routine shaping their experiences, schools authority being founded on teachers' concern, the requirement of compliance, respect towards adults, and economic dependency, (Mayall,

2002). The reported outcomes of this study indicate children (in general) expect the adults around them to make decisions regarding their best interests offering them a protective safety net.

Mayall's Childhood Study (1997-9) provides good insights into the competency of children in the research environment and the valuable information that they can contribute to increase understanding the view of children and childhood. Although this study identifies that a small minority of the study children experienced adverse childhoods, little attention was given to the way these adverse factors affected children's perceptions and feelings or views of their status specifically in relation to research.

Bjerke (2011), exploring the views of children on the concept of responsibility shows that children can participate in, and contribute competently to, research. The children identify themselves as "differently equal responsible beings" and acknowledge their inexperience and need to learn (Bjerke, 2011, p.67). Bjerke (2011) identifies the competing discourses of the child's right to participation (in responsibilities) and childhood being a time which is protected from too much responsibility. The children identified that they did not want too much responsibility but they wanted opportunities to become progressively responsible and further acknowledged caregiver's special (protective) responsibilities (such as comforting children) (Bjerke, 2011). The right to participation was emphasised as important to both "being responsible" and "becoming" responsible (Bjerke, 2011, p.73). As to how to learn how to become responsible there must be opportunities provided to become responsible which reinforces the view of the child as an autonomous (freedom to act) being with agency (capacity to act). These voices do not speak necessarily for the child in out-of home care whose reality includes the missing parent who usually provides children with a protective safety net from which to transition from dependence to independence through increased responsibility.

Some populations of children may be viewed as more vulnerable. Discussions on child vulnerability have commonly centred on age yet the definition of vulnerability requires refinement (Eriksson & Näsman, 2012). The White Paper for Vulnerable Children (Ministry of Social Development Te Manatu Whakahiato Ora, 2012) is an initiative of the New Zealand Government to address the problems of child abuse and deaths in Aotearoa New Zealand. In this paper it refers to populations of children as more vulnerable than others. They define this group as follows:

Vulnerable children are children who are at significant risk of harm to their wellbeing now and into the future as a consequence of the environment in which they are being raised and, in some cases, due to their own complex needs. Environmental factors that influence child vulnerability include not having their basic emotional, physical, social, developmental and/or cultural needs met at home or in their wider community (Ministry of Social Development Te Manatu Whakahiato Ora, 2012).

This definition applies specifically to children who have been abused or maltreated or who are at risk of abuse (Ministry of Social Development Te Manatu Whakahiato Ora, 2010). This description of vulnerable children includes the sample population, describing children in out-of-home care as “especially” vulnerable requiring “special” protective measures (Ministry of Social Development Te Manatu Whakahiato Ora, 2012).

O’Kane (2008) within her study with 47 children in out-of-home care used the techniques of participatory action research (PAR) successfully to explore the topic of decision making. Relevant identified strengths of the techniques were in the ability of the techniques to facilitate communication, increase opportunities for children to drive the research agendas and children reported they were “fun”. An identified weakness, however, was the “exclusion of topics for unknown reasons” and the identified concern of “children raising issues that may place themselves at risk” (p. 145). This raises questions about whether topics were excluded by children because they were of a sensitive nature that may have threatened their felt security. In the same research children identified what was important on a continuum of most important to less important. These were as follows, listed from most to less important:

To be listened to; to let me have my say and to be supported (equally rated); to find out what is going on, to be given choices and to have time to think about things (equally rated); for adults not to pressurise me and for adults to make good decisions (equally rated) and to get what I want (rated lowest) (p. 142).

This suggests children in out-of-home care responded well to the research context and expressed a desire to be heard and participate in a supportive environment.

Cashmore (2002) research which reviews international literature exploring the perceptions of children in out-of-home care on their participation in decision-making suggests children are keen to have a say and feel they do not have the opportunities to do so. She points out children “learn by example and practice” (p. 839). Although this review does not cover

aspects of participation in research and how this affects their wellbeing she makes a worthwhile point that children are willing, keen and able to learn to participate (in decision-making). This may possibly translate to the participation within the research setting as to ways in which research procedures and techniques could be better employed with children in out-of-home care about potentially sensitive topics. It is however unclear as to whether children in out-of-home care would respond to the interview setting and interviewer in the same ways as the groups of children referred to in the Bjerke (2011) and Mayall (2002) studies.

Ethical dilemmas emerge when children are viewed as different from adults. Likewise these ethical dilemmas are thought to be the dominant factor of difference between research with children and adults (Punch, 2002). In the discussion about the methodological and ethical issues in research with children Kirk (2007) suggests reasons for why differences in research for children and adults exist. These are identified as: power inequalities; adult's views of children as different in social positioning; and differences that exist in regards to their capabilities (language use, attention span, experience levels). Punch (2002) describes the sources of differences as the inherent power imbalances that exist between the adult and the child and the child's competencies. These factors influence the view of the child as being vulnerable requiring protective measures and as incompetent requiring specific methods to facilitate participation.

Although there are some reports of children in-out-of-home care expressing a desire and enjoyment of being involved in research (Cashmore, 2002) and their identified importance of having a say and being listened to (O'Kane, 2008) little attention has been given to the effects of this research on children in out-of-home care. It is less than clear on how the vulnerabilities associated with children in out-of-home care translate to the context of the research interview, or if they do at all. It is however known there are many differences in the attachment relationships, development, mental health (Bruskas, 2008; Tarren-Sweeney, 2007a, 2010a, 2010b) and perceptions of children in out-of-home care.

2.4.2 Sensitive Topics

Although there is an abundance of literature that discusses the views of children's competencies or lack of (in comparison to adults) in relation to the protection-participation debate, there is little literature exploring how children respond to research when the study topic is sensitive or potentially uncomfortable for the child.

Children in out-of home care are often asked to disclose information about their birth parents and their lives which has resulted in loss (of their homes, things, peers, and pets) to virtual strangers. Meeting a stranger who is asking them to reveal their thoughts and feelings about their care experiences and their birth parent relationships is likely to bring about increased discomfort and even fear. This emphasises the need for careful research design, procedures and relationship negotiation to ensure the comfort of these children is optimised and their wellbeing safeguarded.

Eriksson and Näsman (2012) in their work interviewing children about their experiences of violence, highlight the need to balance maltreated children's vulnerability and propensity for adult protection with the children's agency and rights to participation. They propose that researchers are able to facilitate this balance by integrating principles of care and participation, and employing flexible methods to enable a varying scope of participation by children. Leira, 2002 cited in Eriksson and Näsman (2012) suggest victimised children require opportunities to validate their experiences. Families and children in the Eriksson and Näsman (2012) study were reported to be open to discussing violence. This would suggest the interviewing of families and children about sensitive topics may not cause them unacceptable levels of discomfort. This is echoed in Ellonen and Pösö (2011), who cite Priebe (2009) and others when suggesting children may experience some discomfort when discussing violence within the research environment but that this may be alleviated by being able to talk about abuse.

Ellonen and Pösö (2011) discuss the ethical issues related to the collection of information from children about violence through surveys. Their findings suggest children experienced the survey on violence in a variety of ways ranging from anxiety provoking to empowering. They went on to suggest that the experiences that were identified as strongly negative could reinforce the protection view that is, children should be protected from research involving sensitive topics. The strongly positive reports could reinforce the participation argument that is; children find value in expressing themselves through research. They found, however, that if only these two extreme measure points were accounted for, the results support the protection standpoint. If the neutral and slightly positive comments are included, the results support the participation standpoint. In the exploration of whether the survey re-traumatised participants they found the group who had experienced serious past violence responded both negatively and positively to the research process. The mixed results do not sufficiently

determine children are not at risk of further psychological harm when being surveyed about violence. It is unclear as to whether these mixed results are because of the survey method (not a face to face interaction) or the sensitive topic of violence. It does, however, emphasise the importance of the topic and study design in its impact on the participant's experience of the research process.

There have been examples of survey methods being used with children in out-of-home care to get their perspectives about the sensitive topics related to their pre-care and in-care experiences which have the potential to threaten their felt security (see 2011 Views of children and young people in foster care survey: Overview and selected findings, 2012). Yet because there is evidence of children in out-of-home care requiring follow up therapeutic care because of distress caused by the experience of being interviewed about such issues (Whiting & Lee III, 2003) it is likely survey methods would not provide sufficient identification of distress and follow up care for these children.

There are further examples of children in out-of-home care being interviewed successfully about sensitive topics such as felt security, permanence and belonging, children's perceptions of carer discipline (see Biehal, Ellison, Baker, & Sinclair, 2010; Schofield & Beek, 2005; Singer, Doornenbal, & Okma, 2004) and perceptions of care relationships (McAuley, 1996) but little is reported on the children's responses to the interview process.

McAuley (1996) was successful in gaining substantive information in her longitudinal study of Northern Ireland children aged 4 years to 12 years placed in long-term foster care. In this study she explored: children's wishes, feelings and perceptions of entering foster care; the establishment and on-going development of relationships; and developing relationships in foster care. Within the reporting of this study she noted that the specifically designed materials to facilitate child communication about (highly) sensitive (relationship) topics were "highly successful". She also observed that older child participants were more defensive, some of them about topics related to relationships with birth parents and others about relationships with foster carers. She reported that there was an overall negative reaction to sharing information with birth parents about pre-care and past events; and that some children were reluctant to share information with foster carers about their feelings about birth parent contact.

Overall these examples of research do not clearly support the protection or the participation standpoint, but they do indicate the potentiality of risks associated to interviewing children in out-of-home care. This reinforces the need to carefully plan and implement research with potentially vulnerable children and sensitive topics (Ellonen & Pösö, 2011). An exploratory research design would allow for the exploration and refinement of the interview process, the iterative introduction of sensitive topics aimed at maintaining the comfort levels of children and maximise identification of reactions of children in out-of-home care to the interviewing process.

2.4.3 Researcher Responsibility

The researcher's role of responsibility is recognised within current literature. Even if the child is competently able to actively participate this should not lessen but rather it should emphasise the importance of the greater responsibility borne by the adult researcher. Woodhead and Faulkner (2008) suggest it adds new responsibilities. More precisely, researcher responsibilities should not be different whether the child is viewed as vulnerable, competent or if the participant is adult. Current research emphasises the need for skilled, ethically responsible researchers who are able to respond to the child participant sensitively and flexibly within the process of conducting the research. In consideration of the risks associated with interviewing children in out-of-home care about topics that have the potential to threaten their felt security the emphasis of skilled interviewers could be deemed paramount.

No matter how the child is viewed it is impossible to deny the existence of power inequalities that are inherent to the status of being a child (James & Prout, 1997) and how these disparities influence the methodologies employed by child focused researchers. This contributes to the substantial ethical and methodological challenges that confront researchers involved in research with children. These ethical and methodological challenges are perceived as more difficult when considering children in out-of-home care. This is because these children are often viewed as vulnerable and therefore as requiring specialised protection. There is insufficient research based evidence to anticipate the susceptibility of further psychological harm being imposed by the research process, and/or researchers' treatment or choice of data collection approaches making research with this population as ethically risky.

In the above section the ways in which ethics relates to research with children has been discussed. The protection-participation debate has been further explored identifying the similarities and differences that exist within child focused literature. The inherent power imbalances that exist in favour of the adult researcher, prompt researchers to seek different ways to address this through both a protective and participatory stance. This section highlights the gaps that exist in research in respect of the protection-participation debate and has raised the importance of the view of the child as vulnerable or competent in relation to this debate. This section has also identified the gaps existing in research raising questions about how to safely interview children in out-of-home care specifically about their potentially sensitive experiences and attachment relationships. It would be helpful in addressing these issues to explore the ways in which research that includes sensitive topics can be conducted in ethical ways, incorporating a protective yet participatory methodology.

PART THREE: METHODOLOGICAL CHALLENGES

The previous discussions have highlighted the primary protection-participation debate, raised further debates about how the child is viewed in relation to study design and whether some children are more vulnerable or are characterised by more competency challenges than other children. These issues give rise to many ethical and methodological challenges in designing research for children.

Within child focused research there is an abundance of literature exploring the ethical and methodological dilemmas related to research with children in comparison to adults. In this literature the general approach is to discuss children (including vulnerable children) as if they will all respond to data collection methodologies in the same ways. There is some research that explores children from different cultures but little that explores the differences between children that have experienced maltreatment, neglect and displacement with those who have not. For this reason some of the methodological challenges, as raised in child focused literature, regarding children in general, will be discussed. This will then be applied specifically to the sample population of children in out-of-home care.

The primary methodological debate amongst researchers is whether ethical research with children requires specific child-friendly participatory methodologies and tools in comparison to adults.

The terms interviewer/ researcher are used interchangeably throughout this section. The following discussion will focus on the competency challenges regarding the use of specific

methodologies with the children. Because the present study has explored the use of interviewing and a conversational approach in its design, the discussion will be centred predominately on these methods of data collection and their appropriateness for use with children in out-of-home care. Participatory methods will also be discussed as ethical debates are currently centred on whether this methodology is more ethically appropriate for use with children because of their competence differences. “The method used by the researcher is a conscious and vital choice and it will deeply influence the ethical aspects of the study” (Renblad, 2003 cited in Brodin & Stancheva-Popkostadinova, 2009).

2.5 Data Collection Methodologies

The importance of the methods used in research are two-fold: they may determine the risk of discomfort children may experience (Amaya-Jackson, Socolar, Hunter, Runyan, & Colindres, 2000), and they contribute to whether the best interests of the child are protected (Amaya-Jackson et al., 2000). Kirk (2007) conducted a review of literature discussing qualitative studies with children. The focus of this review was to identify the ethical and methodological concerns identified by researchers when conducting qualitative research with children. In this review he consolidates the views of the researchers to identify the primary aims of using innovative methods to: “sustain interest and avoid boredom, encourage expression and as a means to lessen the imbalance of power between the adult researcher and the child participant” (Kirk, 2007, p. 1275).

Many factors contribute to the decision of which methods to use: “A range of factors influence the selection of research methods, including availability of time, access, resources, as well as researchers goals, training and their perception of children” (O’Kane, 2008, p. 129).

In comparison to research with children in out-of-home care there is an abundance of research that has explored the participation of children in research. Although it discusses children in general and not the unique group of children in care this research provides valuable insights into the methodologies thought to be more appropriate for children.

2.5.1 Participatory Approaches

Research involving children has tended to view children from two perspectives; either the same as adults or completely different from adults. These two perspectives influence the researchers’ choice of methods (Punch, 2002). Little attention has been given to the differences between specific groups of children and their varied research needs or preferences.

Although participatory methods are often touted as the more ethical approach (Gallacher & Gallagher, 2008) there are many that warn that these approaches bring just as many ethical challenges as other methods (Allmark, 2002; Clavering & McLaughlin, 2010; Coppock, 2011; Gallacher & Gallagher, 2008; Harden, Scott, Backett-Milburn, & Stevi, 2000) and may even act to obscure ethical problems (Gallacher & Gallagher, 2008). Schenk, Murove, and Williamson (2006), however, recognise the inappropriateness of just transferring adult appropriate methodologies to children because of their differences from adults. This reasoning could be more applicable to children with complex needs and challenges such as children in out-of-home care.

Kirk (2007) comments, that for some researchers, the use of specialised methods for children is considered unnecessary. Roberts (2008) suggests that robust methods are required and researchers are still not good at “hearing” what children have to say. Hill et al. (2004) observes that participatory methods have expanded into the fields of child research, stimulating questions from both adults and children as to how children can participate in more meaningful and effective ways. Brodin and Stancheva-Popkostadinova (2009) suggest children’s perspectives are still restricted, and they suggest one reason for this is could be because worthwhile tested methods are limited.

Participatory approaches were established in Participatory Action Research (PAR) (Kirk, 2007) and Participatory Rural Appraisal (PRA) (O’Kane, 2008) and the techniques are adapted from those used with adults (Punch, 2002). PRA is typically aimed at the development of practice rather than academic research (O’Kane, 2008) and PAR is research aimed at identifying the needs of a community through partnering with them and determining actions that can be applied and will directly benefit that community (Piercy, Franz, Donaldson, & Richard, 2011).

Participatory approaches used in child-focused research are aimed at making it easier for children to freely express their views through child friendly (fun) activities (Kirk, 2007), and to balance power disparities by shifting children from being treated as objects to active participants (O’Kane, 2008). Participatory approaches are driven by an on-going process of interactive reflection from theory to practice (O’Kane, 2008) with the aim of understanding what matters to children (Mayall, 2002), and, furthermore, using what matters to them to drive child appropriate social policy. It is recognised, however, that children participating in

the research may never see their contributions come to fruition in their lifetime or even make it to the policy makers (Mayall, 2002).

It has been suggested that participatory research should not be viewed as a method rather as a “methodological philosophy” (Bennett & Roberts, 2004 cited in Petrie, Fiorelli, & O'Donnell, 2006, p. 35) aimed at being “interactive rather than extractive” (Petrie et al., 2006, p. 36). Petrie et al. (2006) notes that to avoid participatory research from being tokenistic it requires time and finance but suggests children’s involvement can be meaningful. Punch (2002) reports that the “participation of the children in their study was limited to active involvement in data generation, rather than empowerment” (p. 334). Some researchers have used the partnering aspects of the PAR model successfully by consulting with groups relevant to the sample population (such as former foster youth) and piloting research tools and procedures with children from the same population (Berrick, Frasch, & Fox, 2000; O’Kane, 2008). Older participants have been identified as being more able to provide feedback on the design of the tools and procedures (Berrick, Frasch, & Fox, 2000). The PAR methodology, on the whole, appears to have been predominately successful with older students (see Schensul & Berg, 2004).

When reading the literature the participatory approaches that are discussed in child focused literature have aspects of PAR however often do not necessarily incorporate the full purposes and structure of the PAR methodology. Participatory research can refer to a methodology that ranges from full to partial participation in the design of the research to simply using participatory tools in the interview design. This suggests that some of the studies described as participatory may actually have methodologies that use multi-methods (a variety of child-friendly data collection tools) approaches or may just be limited to the use of participatory techniques (see O’Kane, 2008).

In short the three predominant factors underlying participatory research are: a method to gain understanding of children’s perceptions about their relationships and experiences; it is a rights-based research focus; and uses of a range of creative methods encouraging participation (Winter, 2012).

Petrie et al. (2006) suggest participation is an iterative process and can offer many meaningful benefits to young people (and society), however warns the risks that exist are likely to be carried by the young participants rather than the researcher. This poses a problem

when children in care are exposed to these potential risks and reinforces the need to adopt an iterative approach to the research design and process.

2.5.2 Multiple Methods

In the effort to address the power disparities between the adult researcher and the child participant, researchers have adopted less conventional methods such as interviewing and child observation shifting towards participatory and collaborative methods (Backett-Milburn & McKie, 1999 cited in Hunleth, 2011). This has resulted in a focus on methods considered to be fun, child relevant and child-friendly (Hunleth, 2011). Yet when basing the method choice solely on comparisons between children and adults there is a risk of dismissing the individual diversities of children (Punch, 2002). The appropriateness of the method depends on many factors and “it is more important that the methods chosen should be appropriate for the people involved in the study, their social and cultural context and the research question” (Kirk, 2007, p. 1252).

Punch (2002) expands this topic further:

The choice of methods not only depends on the age, competence, experience, preference and social status of the research subjects but also on the cultural environment and the physical setting, as well as the research questions and the competencies of the researcher (Punch, 2002, p. 338).

Punch (2002) continues to suggest that a combination of traditional and innovative approaches have many advantages:

Like other child researchers, I found that using a variety of techniques was valuable: to prevent boredom and sustain interest (Hill, 1997); to prevent biases arising from overreliance on one method (Ennew and Morrow, 1994: 70; Morrow and Richards, 1996: 101); to triangulate and cross-check data (INTRAC, 1997; Lucchini, 1996; Morrow, 1999); to evaluate the usefulness of different methods (Hazel, 1996; Morrow, 1999) and to strike a balance between traditional and innovative methods (Punch, 2002, pp. 337, 338).

The use of multiple methods is becoming more popular with researchers (Woodhead & Faulkner, 2008)³. Many researchers have provided opportunities for children to participate using a variety of methods and have done so successfully (see Adams, Theodore, Goldenberg, McLaren, & McKeever, 2010; Chapman, Wall, & Barth, 2004; Christensen, 2004; Giggengack, 2008; Mayall, 2002; O'Kane, 2008; Scott, 2008 etc.).

The use of multiple methods and techniques is suggested to provide many advantages when researching with children (Freeman & Mathison, 2009). These are suggested to support the diversity and individual characteristics, competencies and children's natural styles of interaction (Freeman & Mathison, 2009).

The use of a variety of research strategies can assist children in feeling they are contributing, and balance the power disparities between adult researcher and child participant (Morrow & Richards, 1996). They allow for flexibility to work at the child's pace (McAuley, 1996). Freeman and Mathison (2009) propose that the 'multi-methods' approach allows for the exploration of the research question from different perspectives and provide many opportunities for children to express themselves in different ways.

Both Biehal et al. (2010) and (McAuley, 1996) successfully involved children in interviews and obtained sensitive information which had the potential to threaten their felt security. They have been able to gain insightful understandings of the perceptions of children in out-of-home care. They did this by dividing the interview into stages and used multiple (some participatory) methods for each stage.

The limitation of the child focused research, including research with children in out-of-home care, is the lack of documentation of how children experience the research process and the effects this may have on their wellbeing. There is a lack of clarity as to what methods are multiple methods or participatory methods. Therefore it is unclear as to whether the multiple methods methodology is included in the critiques of the "participatory approaches" given by some researchers (see Gallacher & Gallagher, 2008). These critiques are that; "participatory" approaches should not be deemed ethical or empowering just because they are participatory; and this could equally apply to the use of multiple methods. For the purpose of this thesis multiple methods is differentiated from participatory strategies. The use of interview

³ This terminology is to be differentiated from the mixed methods approach of combining aspects of the quantitative and qualitative methodologies.

activities are either as participatory, which is the topic is embedded within the activity, or parallel to and independent of the interview topic.

2.5.3 Conversational Approach and Parallel Activities

There is the belief that children are more difficult to talk to than adults therefore it is assumed they need specialised methods to assist in communication with them (Harden et al., 2000) and, furthermore, they are incapable of participating in conversations and using adult methods (Punch, 2002). In their work with children, Harden et al. (2000) compared differences in the conversation styles of adults and children and found there were differences in the way they communicated, yet both conversation styles presented (different) challenges for the research process. They found task-based activities useful for prompting conversation with children.

Children are reported to be more comfortable conversing whilst doing something with their hands (Ivey & Ivey, 2003 cited in Cameron, 2005). Comfort can be enhanced by engaging children in (parallel) activities because it reduces the need for eye contact and relieves the emphasis on talking (Harden et al., 2000). As an example, parallel activities have been identified as useful in distracting children from discomfort whilst their wounds were being redressed (Nilsson et al., 2011). These insights may be particularly useful for children in out-of-home care who may experience increased levels of discomfort when communicating. The activities used alongside interviews are suggested to assist children in expressing their perspectives and are used to enhance rapport between the adult researcher and the child participant (Harden et al., 2000). These methods are considered more useful if they are used in parallel to the interview as a stimulus for conversation rather than as data collection tools (Harden et al., 2000).

Others have successfully used “projective activities” such as art, plasticine and puppets to stimulate deeper conversations with children (Cameron, 2005). Cameron (2005) found the activities she used in interviews with children were especially helpful with young children and children who have “language delays, communication difficulties or emotional blocks” (p. 606). It is suggested that a children’s “need and right to play” is supported by extensive research (Brooker, 2011, p. 142). Whilst the idea of whether to use specialised methods with children is debated amongst researchers’, evidence indicates children experience more comfort and share more when activities are used in conjunction with interviewing (Cameron, 2005). The question of whether these activities are better used as data collection tools or in

parallel to the data collection method is not specifically addressed in literature yet they have been shown to be used successfully in research with children in both ways.

Whilst the literature suggests the use of the task based activities as appropriate for children and children with communication difficulties, the same appropriateness of these activities for use with children in out-of-home care cannot just be assumed. The reported success of play based and parallel activities to facilitate conversation with children with communication and emotional difficulties may be promising for the use with children in out-of-home care (who often have these difficulties).

It has been suggested that play activities can facilitate rapport however it has been proposed the activity must be one that suits the individual preferences and skills of the child (Irwin & Johnson, 2005). Irwin and Johnson (2005) suggest it is useful to collaborate with the caregiver to ascertain which activities would be likely to increase the child's comfort levels or have several meetings (or multiple interviews) to determine the needs, competencies and preferences of the child beforehand. Irwin & Johnson (2005) highlight the need of both tasks and movement for interviews with young children. The use of prompts and props when interviewing children has been suggested as useful (Docherty & Sandelowski, 1999; Singer et al., 2004; Whiting, 2000) yet it is unsure of whether these need to be participatory.

Mayall (2008) suggests it is through conversations with children researchers can gain understanding about "what they know" and "how they learn" (p.109). Mayall (2008) successfully engaged in child-led informal conversations, individually and in observing group conversations, to understand and explore the perceptions of children. Within the home environment, the conversational method was adapted to allow the mother to become the lead interviewer. Mayall (2008) found that this resulted in the discussion agendas being set by the child revealing, the topics that mattered to the child and the social and cognitive competencies of children in conversation.

In Eriksson and Näsman (2012) in interviews with children exposed to domestic violence they found that by commencing the interviews with opportunities for children to discuss freely, as opposed to answering questions, the children responded fluently. They found that laughing and having fun contributed to a positive environment and was thought to reduce children's experience of subordination. It has been proposed a flexible balance of (parallel)

activities and simple conversation needs to be attained within research (Hill et al., 1996 cited in Harden et al., 2000). Interviews have also been suggested to be best conducted alongside the everyday activities of the child (J. M. Davis, 1998). The discussions about the conversational approaches have received the least opposition in respect of the debates that surround child focused research. Debates still exist, however, about which types of data collection methods are more ethical and how it is best to employ the use of activities.

2.5.4 Other Methodologies

There is much diverse opinion about the use of different methodologies with children. Earlier research has relied on observational methods, with many researchers suggesting it is the method most suitable for children. Others, however, suggest adults are unlikely to be unnoticed by children when observing them, which then influences the behaviours of the child; this creates the potential for bias in the outcomes (Kirk, 2007). At the other extreme of the continuum, involving the child as co-researcher has been suggested by some in (Kirk, 2007) review, to resolve some of the ethical and methodological dilemmas that exist in research with children. Some, however, disagree, suggesting involving children to this extent raises problems because of the complex theoretical and academic thinking the research process requires (Harden et al., 2000; Kirk, 2007; Punch, 2002).

Interviewing and surveys are considered by some to be problematic presenting challenges to validity and reliability of data (Amaya-Jackson et al., 2000; Scott, 2008). Survey methods such as those implemented by the Views of Children and Young People in Foster Care Survey (2012) have the potential to isolate children from the ethical care of highly trained interviewers preventing potential need for therapeutic follow up care. Interviewing or other traditional adult methods are identified by some as being only suitable when used in combination with techniques more suited to children (J. M. Davis, 1998; Punch, 2002). Still others suggest a variety of techniques involve children more in the process (Morrow & Richards, 1996). To further illustrate these differences of opinion in relation to child research Alderson & Goodey (1996) cited in Kirk (2007) suggest when children have problems with their health they develop quicker, expanding their understanding because of their experiences; whilst Punch, 2002 suggests children are not accustomed to being asked to express their views and having them valued.

Davis (1998) states there is no one way when working with children, as they are diverse and method success may be dependent on cultural aspects. This is especially true when considering different groups of children and their unique experiences and vulnerabilities.

2.5.5 Technological Methods

With the changing competencies of children brought about by the technological age (Prout, 2005) technological methods become an option for researching with children. Early research using technology proposed it could be used to increase privacy (and compensate for poor reading skills) when research topics are sensitive (Harmon et al., 2009) and anonymity which provides increased freedom to share behaviours that are “risky or socially undesirable” (Rew, Horner, Riesch, & Cauvin, 2004, p. 130).

Computer Assisted Self Interviewing (CASI) has been suggested as superior to other methods in collecting large amounts of data longitudinally (Rew et al., 2004). The use of Audio-CASI in comparison to a paper and pencil task with 1672 adolescence in Turner et al. (1998) study showed increased validity and reliability of reporting of high-risk behaviours (Turner & Rodgers, 1998 cited in Rew et al., 2004). Those with learning disabilities were able to complete the survey alongside their peers successfully without attention being drawn to their literacy needs (Rew et al., 2004). In Rew et al. (2004) pilot study using a web-based survey (with audio) with school children; seven of nine chose the computer program over a paper and pencil survey; they reported it was fun and easy and viewed it like a game opposed to work. The interactive graphics kept the attention of the children for longer (Rew et al., 2004). Although the start-up costs of computerised methods are expensive and technically complicated (Rew et al., 2004) there appear to be emerging benefits to using these methods with children.

Although some of these methods appear to have been used successfully (eliciting the desired information) with children in out-of-home care little discussion exists on the effects of these methods on such children. There is little clarity as to the differentiation of the different methods in the literature. This lack of clarity in the description of multiple methods, participatory methods, conversational methods and use of parallel activities contribute to confusion about their use and subsequently their critiques in literature. The majority of studies reviewed do not encompass a research focus including topics that may threaten the felt security of its participants. The minority that have provide little discussion on the likely effects on the wellbeing and developmental trajectories of children in out-of-home care. It is

therefore difficult to determine the effects of interviewing children in out-of-home care using questioning that may prime felt insecurity from the existing literature base^{iv}.

It is anticipated by investigating the effects and experiences of child's participation in research by using participant informed interview activities, the outcomes will contribute positively to the knowledge base that currently exists.

2.6 Rationale

This chapter has highlighted the debates that permeate child focused research. It has reviewed the view of the child from the perspectives of the developmental and sociological disciplines. These disciplinary views have moved closer together in relation to viewing and respecting the child as a being competent of contributing to research in a variety of roles. Both, however, have contributed to a robust participation-protection debate when considering children's inclusion in research. It is the goal of the present study to encompass an iterative approach to obtain data from children about potentially sensitive topics progressively whilst exploring participatory interview methodologies, thereby addressing both the sides of the protective-participation debate, respectively.

There are gaps in research about the felt security of children in care, including those of different ethnic groups, such as Māori children. There is even less information on their perception of the research process and (if or) how vulnerable children in care are, in relation to the research process. There are many conflicting recommendations for study design and use of data collection techniques within child focused literature. Some of these views differ as to the appropriateness and usefulness of: fully participatory approaches, the inclusion of sensitive topics, the potential threats to children's felt security, and the vulnerability of the sample population. The present study sets out to address some of these challenges that exist in the field of research with children in care. Because of these gaps in research an exploratory approach to the selection of methods and techniques was adopted.

The exploratory approach will facilitate the trial and exploration of the use of different interviewing techniques and procedures with children in care. This is with the view to identify effective interview approaches to facilitate the maintenance of children's comfort levels. This is anticipated to inform how children with varying sensitivity to questioning strategies respond to the different types of interview methods and to gain an understanding of whether these methods can be better matched to child participants prior to interviewing.

Within this chapter, the gaps in researchers' knowledge in relation to the ethical and methodological challenges that arise when conducting research with children have been highlighted. The individuality, diversity and importance of the child and their perspectives place them on par with the adult in a status of "equally different" (Bjerke, 2011). Yet it appears little attention has been given to explore the ways in which children may be different or how those differences may affect their experience of, and participation in, research. It is the lack of research about the techniques that are being used that is missing and greater critical reflection is required around their use (Punch, 2002).

Many challenges have been identified which contribute to the difficulties of choosing the best and most ethical data collection methods to use with children to maximise participation whilst ensuring protection, especially with those children in care. It is recognised there are many unanswered questions regarding the implementation of research with children that have unique histories lending them towards being considered more vulnerable. Questions remain as to how children in care are likely to experience questioning that has the potential to threaten their felt security. The present study will set out to explore the appropriateness of interview strategies in the effort to maintain authenticity of data and the comfort experiences of the children by reducing the threats to their felt security. The present study seeks to explore the use of child-led activities including both parallel play activities and participatory activities that have data collection embedded within them. This will be achieved by offering children opportunities to identify their preferences. Within the research design, on-going opportunities for children to participate and negotiate the process are anticipated to increase their comfort experience.

Within the present study the researcher/interviewer will be re-positioned as a co-participant of the study as the researcher is a novice researcher placing her in the position of learner. It is recognised the interview constitutes a social interaction within which the researcher is a co-participant worthy of investigation. Little is known about the effects of the children's historical experiences of interviewing and/or of interviewers. Approaching the role of the researcher as co-participant could begin to reduce the inherent power imbalances that may exist between the participants and the researcher. This serves to recognise the need of children to contribute in a collaborative manner to improving the knowledge, currently lacking, around their own perceptions of and comfort levels within the research process. The collaborative relationship between the researcher and the children will be anticipated to

facilitate the sharing of information about the ways in which the research process is experienced by children and how methods could be adapted to address the related ethical and methodological challenges.

In the present study the researcher will seek to collect information from child report, caregiver report and observations to provide a profile of each child. It has been identified caregiver report (Fernqvist, 2010) as with multiple reports (Achenbach, McConaughy, & Howell, 1987) are helpful in providing a more comprehensive picture of the child. It is anticipated that caregiver reports would facilitate greater understanding of the children prior to interviewing them about potentially threatening topics. It is also envisioned that caregivers' information will assist in the development of questioning strategies to measure felt security and perceptions of care. The usefulness of the collation of these multiple reports into a single document prior to interviewing to more fully inform the interviewer of aspects of the child's preferences, calming strategies and potential distress triggers will be explored. This is intended to increase the knowledge of each child with the purpose of identifying which factors (related to their felt security or not) were likely to influence their comfort levels and whether these factors could be used to predict their sensitivity levels prior to interviewing. It is also with the intention of determining if the additional information these provide, will inform the interviewer directly about the ways in which the comfort levels of the children during the research process, can be enhanced.

Ethical research interviewing of children in out-of-home care can facilitate opportunities for these children to have their authentic voices heard and indirectly influence the decisions and policies that affect their daily lives in care. Research has global reach and understanding the views and experiences of children in out-of-home care across the international front can create a collection of data that can inform the ethical administration of research methodologies eventuating in the greater provision of effective services for these children.

It is important to understand there is critical need to understand the effects that child welfare systemic factors have on the wellbeing and felt security of children in care. This topic has major social care and public health significance, both in Aotearoa NZ and internationally. In the present study the researcher will set out to address the effects of interviewing children in care especially when questions may threaten their felt security. The researcher is attempting to set new standards for ethical qualitative research with children in care, which can be adopted in turn by future studies with children in out-of-home care and by other researchers.

The present study is driven by a research interest in improving the ethical administration of research interviews for children in care. There are many identified concerns with interview questions and methods used in qualitative research with children in care internationally. This research appears to be the first to address this concern directly by way of a research question and study design. The goal is to identify more ethical qualitative interview methods for this research field. Because of this goal considerable thought and planning has been directed to the pilot procedures with a view to minimising the risk of distressing child participants and optimising opportunities for their collaborative participation. The ethical and methodological challenges of this task, as discussed above, has fuelled much discussion on how to elicit the authentic voice^v of the child participants, and crucially, how to do so in an ethical manner.

It is anticipated that by exploring the effects and experiences of child participants and their participation in research and using participant informed activities, the outcomes of the present study will contribute positively to the knowledge base which currently exists on exploring ethical research with children^{vi}.

Because of the exploratory nature of this research, the design of the present study was approached iteratively. It was progressively developed over the span of the present study. The following chapter presents the challenges and decisions made about the present study design during the research process.

CHAPTER THREE:

DEVELOPMENT OF THE RESEARCH DESIGN

The aim of this chapter is to discuss the decision-making process upon which the design of the present study was based. The complexity of the study design gave rise to a number of multifaceted challenges. These challenges centre on the concerns of mixing paradigms and theoretical drives, and the risks of blurring methods; the complexities of the currently developing state of alternative approaches to qualitative research; and challenges that arise because of the research question and sample population. These challenges are intertwined into the decision making process and affect every aspect of the design. This resulted in a non-linear approach to the design requiring abductive and critical reflection at each stage of the study design. To assist the reader however the decision making process has been written into sections. This does not adequately reflect the non-linear approach to the challenges and the decision making process. They will be presented in separate sections with the anticipation this will provide a traceable pathway to the reader and allow the reader to move back and forth through the sections.

The ways in which the complex nature of the sample population influences the design are addressed. The challenges arising from the primary research question and of implementing the mixed method design when mixing two qualitative methods is explored. The resulting pragmatic design is one based on extensive reflection and is rigorously approached to ensure a high standard of trustworthiness is attained. It is considered the key aspect of good research design that is, it is credible enough to be useful, and maintains an ethical standard appropriate for practical application. These were the broad yet integral aims of the study design.

It is firstly important to establish the goals of the present study, before addressing how these determined the direction of the study design.

PART ONE: THE RESEARCH QUESTION, OBJECTIVES AND CHALLENGES

3.1 Research Questions

3.1.1 Primary Questions

1. Can the felt security of children in kinship care be measured by interview or other self-report methods whilst maintaining children's comfort levels throughout the process?

The following ancillary (contributory) questions are those which needed to be considered to investigate the first question.

1.1 Can different types of interview methods be matched to children with varying sensitivity to questioning strategies designed to measure felt security and perceptions of being in out-of-home care?

1.2 What factors influence children's levels of comfort in response to questioning strategies designed to measure felt security and perceptions of being in in out-of-home care? Could these factors be used to predict children's sensitivity levels prior to interviewing?

1.3 Can caregivers provide valid information that may assist in increasing the comfort levels of children in care in response to interviewing?

3.1.2 Additional Question

The following question was included as it was determined important in valuing the reports of the research participants, and informing those professionals, including researchers, working with children in out-of-home care. They are considered fruitful outcomes of the present study.

1. How are the attributes of felt security distributed among children in kinship care?

3.2 Study Objectives

The present study was designed to explore how valid and ethical interviews (intended on eliciting sensitive issues and care experiences) could be developed without provoking unacceptable levels of discomfort for children in care. This was anticipated to maximise the authenticity of the data collected. This would provide valid data to fuel realistic interview development which could be practically applied throughout the research process and in future research contexts. It was also anticipated that the present study could inform which interview approaches are more appropriate and ethically sound when interviewing children in care about potentially sensitive and upsetting issues.

Aligned to this objective were three main aims.

1. To determine whether different interview methods affected children's comfort experiences and if so whether these different interview methods could be matched to children with varying levels of sensitivity prior to interviewing.
2. To identify what factors affected the children's comfort experiences and to determine whether these factors could inform interview design before engaging children in the interviewing process⁴.
3. To identify if the information provided by caregivers about the child's sensitivity could effectively contribute to an understanding of the needs and preferences of children prior to interviewing⁵.
4. To elicit the aspects of felt security from children in out-of-home care and determine how these are distributed amongst these children.

⁴ This was anticipated to result in the identification and development of interview methods and practices which ethically exert an acceptably small "footprint" on children's felt security.

⁵ It was anticipated this information could inform the researcher about which interview methodologies may better suit their children. This would enable maintenance of comfort levels, increasing engagement and authenticity of children's reporting within the interviews.

3.3 Challenges Arising from the Primary Research Question

There are a number of design challenges arising from the primary research questions. Some of the factors that contribute to these challenges are related to the characteristics of children in general. Some, however, are related to the unique characteristics of the sample population. It was important to understand what is known about these characteristics and how these might influence the present study design and method choice. For the outcomes of the present study to have any practical usefulness it is important to first consider the challenges to gleaning authentic reporting from children.

3.3.1 Sample Population

Children come into care with complex behavioural, emotional and social difficulties which impact on their abilities to function. These have the potential to impact adversely on their felt security (Tarren-Sweeney, 2010b). To be able to interview children about potentially sensitive topics an understanding of the ways in which the concept of felt security could impact on the children and the design of the present study needed to be sought. Little is known about the potential of the act of interviewing to threaten the felt security of children and the extent to which felt insecurity confounds children's reporting and disturbs their comfort experience.

Interviewing children about topics that may threaten their felt security (such as birth parent contact, being in care, being away from home, sense of belonging) may result in the activation of the attachment system and affect the children's experiences of the interview process. The consequences of this are currently un-researched and hence unknown.

Evidence suggests that felt insecurity activates attachment behaviour which can be further complicated by the activation of defence mechanisms. To put children in the position of having defence mechanisms challenged is unethical and could possibly reinforce unhelpful IWMs and threaten the participant's comfort levels and wellbeing. The use of defence mechanisms as the result of felt insecurity (attachment system activation) is likely to confound children's responses and result in inaccurate or confused findings.

It was anticipated that the children recruited in the research project were likely to present with unhelpful IWMs, complex diagnoses and behaviours. These potential child characteristics directly influenced the method choices and the present study design. Children in out-of-home care often have multiple diagnoses, are taking medication, have complex

behaviours and unpredictable emotional responses which make the design of the interview process tentative and especially subject to the ethical consideration of do no harm.

3.3.2 Obtaining Authentic Data

The essence of good qualitative research in this context is the ability to relay the experience of the children and accurately represent the meaning of what they are saying. There are many discussions about how to approach research with children (in general). In essence these are driven by the desire to gain authentic reporting from children to expand the understanding of their developmental and social needs.

Early research involving children suggests children are unreliable, highly suggestible, easily confuse reality and fantasy, are linguistically challenged and therefore they are unable to be credible, capable providers of reliable and valid data (Morison et al., 2000). More recently this has been refuted and children have been shown to be reliably competent when the researcher uses appropriate methodology (Morison et al., 2000).

There are many reasons for unreliable and inconsistent reporting and even for participants being untruthful or engaging in fantasy (Morrow & Richards, 1996). Inappropriate questioning strategies and methodologies, sensitive questions that may threaten felt security activating defence mechanisms (Mikulincer & Shaver, 2007), fear, desire to please, shame, pain (Punch, 2002) can all contribute to the impression that reporting is inauthentic. These factors are not specific to child populations and place emphasis on the importance of the responsibility of researchers to use ethical research goals, designs and methodologies to achieve a relationship focused approach.

Christensen (2004) reinforces this dilemma in the following statement:

“Understanding the ways that children engage with and respond to research include considering two key questions: are the practices employed in the research process in line with and reflective of children’s experiences, interests, values and everyday routines; and what are the ways in which children routinely express and represent these in their everyday life” (p.166).

The trustworthiness of the information provided by children and presented by researchers requires some form of measurement. Morison et al. (2000) identify five factors that contribute to the influence of the interview on the outcomes and therefore can potentially

threaten trustworthiness. These are: context (primary objectives, topic and setting); child participant (willingness, characteristics, competencies); researcher (characteristics, competencies); interview process (methods and design); and the closure (debriefing).

Docherty and Sandelowski (1999), in their study exploring children's competence in interviewing, identified factors required to be addressed to ensure meaningful and useful data can be obtained from children. These are: developmental (cognitive and linguistic) age challenges (predominately indicated by language opposed to age); the sensitivity of the topic (child perception of topic, managing participant comfort); and research and interview design (being appropriate for the individual participant).

Morison et al. (2000) suggested gaining child reports through interviewing can provide more valid data than that of caregivers or teachers and can be more appropriate than other methods (such as questionnaires). Achenbach et al. (1987) suggest that reports from other sources (caregivers, administrative records, social workers etc.) in conjunction with the child's views can contribute to validity. Morison et al. (2000) also identified that interviews are susceptible to interviewer/adult biases. Methods used should accurately reflect the child's views and knowledge not just what the adult thinks the child is reporting (Faux, Walsh, & Deatrck, 1988).

In their review of child focused literature about the concerns of interviewing children, Krähenbühl and Blades (2006) found the techniques used in interviewing children affected the accuracy of their responses. They warn interviewers need to control their influence (such as leading questioning styles) to increase accuracy of reporting. This reflects the findings in Engel (2011) where the interviewer's influence acted to limit or encourage children's expression of curiosity. The two findings however differ in their recommendations to interviewers to accurately elicit their perspectives. The first, suggests to control interviewer influence (Krähenbühl & Blades, 2006); the second to actively encourage children (Engel, 2011). Others suggest that interviews are the "weakest form of methodology" as children want to please interviewers (Harden et al., 2000, paragraph 5.1). Others suggest the child is the expert of their own knowledge and experience and therefore their accounts of their perceptions must be authentic (Mayall, 2008; Punch, 2002).

It is unknown whether children in out-of-home care are more susceptible to wanting to please the interviewer. In consideration of their likely historical experiences with interviewing,

children in out-of-home care may be used to providing what they think the interviewer wants to hear or, more likely, what will influence the interviewer to make the placement decisions the child wants. This raises questions as to how children in out-of-home care will perceive the role of the interviewer and how this perception influences their comfort levels within the interview setting^{vii}.

3.3.3. Differences in Establishing Trust

The interview context is a complex social interaction. It is known that children in out-of-home care have complex relational challenges and social behaviours (Mikulincer & Shaver, 2007; Saribay & Andersen, 2007). An integral difference between children in out-of-home care, and other children, is that they have often been subjected to harm from the adults who they were supposed to be able to trust. Caregiving adults are more likely to have been a source of fear rather than a source of love. This fear of the significant other can later be transferred to other adults (Saribay & Andersen, 2007). Early attachment experiences can create distorted attachment representations which can affect children's ability to form trusting relationships (Andersen et al., 2005; Saribay & Andersen, 2007). It is likely these maladaptive attachment representations could prime felt insecurity disrupting rapport and the interviewer-participant relationship. It is reasonable to expect they may find it difficult to experience trust and comfort with a stranger adult interviewer. This is likely to affect the information they provide within an interview setting.

It is reasonable to anticipate children in care are more vulnerable than other child groups and skilled interviewers and flexible interview designs are necessary to enhance the likelihood of comfort and authentic reporting about topics that may threaten their felt security.

Power inequities are accentuated with the unique reality of children in out-of-home care who are not afforded the safety net of protective parents, resulting in disruptions to trust relationships. They are often in fear of further displacement (Tarren-Sweeney, 2007a) because of decisions made by adults they often do not know.

When children come into care they experience a number of new child-adult interactions. If placements break down this increases the number of additional child-adult interactions they are exposed to. Children in out-of-home care are expected to talk about sensitive issues with unfamiliar adults that touch on ambiguity, loss, grief and trauma and this may in turn threaten their felt security. The information that is obtained during these interviews is often used by

authorities to determine where the child will live and this increases children's sense of powerlessness and lack of control over their personal information. It is reasonable then to suggest child participants would have little trust in giving information to a "stranger" interviewer and would be guarded in their responses, thus jeopardising authenticity. Little is known about the effects of the number of these interviews on the children's perceptions of being interviewed, their perceptions of themselves, or their comfort/distress levels within an interview setting.

Little information is known about the optimal number of researcher-participant contacts prior to interviewing to gain an authentic understanding of the child and what is meaningful to them. Little is known about what is required to establish a foundation for an ethical research relationship. This raises further complications for the ways in which participating children, who are likely to have complex attachment histories, perceive the relationship between them and the interviewer. Little is known about the effects of the interviewer-participant relationship within the interview context on children's psychological wellbeing.

3.3.4 Cognitive and Linguistic Differences

Cognitive and linguistic differences between adults and children exist within any type of child group but with some groups of children these are likely to be exacerbated by specific physical, psychological or social limitations. In the following discussion children will be discussed in general, and then this will be applied to children in out-of-home care.

Fernqvist (2010) proposed the view of the child as one of being in a "state of becoming" (a term first used by Qvortrup, 1994). This implies "immaturity and impairment in different areas, not the least verbally" (Fernqvist, 2010, p. 1310). Lee, earlier, in 1998 had suggested that children's competence can be influenced depending on the (research) situation (Fernqvist, 2010).

There is a cultural conditioning by adults to undermine children's competence, resulting in adults "trivialising and devaluing" children's responses (Morrow, 1996). This could contribute to the adult assumption that children are incapable of reporting authentically, using standard methodologies (interviewing in particular) (Docherty & Sandelowski, 1999).

Docherty and Sandelowski (1999) identified, however, the competence of children (as young as three years old) as able to provide descriptive accounts of their experiences of adverse life events. They reinforced the proposition that children report in ways different from adults but

that they are no less accurate. They provided evidence of children responding within the interview context through the use of autobiographical and script memories. This is evidenced in their reported example of pre-schoolers, who although were unable to recall recent events, when asked to describe what *usually* would happen, instead described what *actually* did happen (see Docherty & Sandelowski, 1999 discussion, p. 179). This illustrates the ways in which children are linguistically different from adults. It challenges the assumptions that children are cognitively and linguistically inferior to adults and reinforces children as different from adults (Christensen, 2004; Christensen & James, 2008; Kirk, 2007; Morison et al., 2000; Morrow & Richards, 1996) suggesting children are competent in ways that adults often do not acknowledge (Kirk, 2007). It is suggested children use their cognitive ability “on what matters to them” and their use of “emotional expressive behaviour” can be the beginnings of negotiation behaviours (Dunn & Munn, 1985, p. 491).

These examples reinforce the idea that researchers need to understand the “cultures of communication” of children, that is, the ways in which children communicate, including, but not limited to verbal language (Christensen, 2004). It is not the methodology that inhibits the authentic responses of children but rather researcher expectations, use and understanding of children’s use of language and the social interactions. This is likely to be accentuated for children in out-of-home care, who can bring to the interview setting a complex array of behaviours, diagnoses and attachment related challenges.

The interview context can place increased demands on the child’s cognitive and linguistic resources, requiring the child to mindfully reflect with an emphasis on the verbal expression of complex or sensitive issues (Dunphy, 2005). At the same time it may place emotional demands on the child through the intensity of the “enormously complex form of social interaction” (Ginsburg, 1997 cited in Dunphy, 2005, p. 86). This is likely to be accentuated for children in out-of-home care with developmental vulnerabilities exacerbated by pre-care and in-care experiences (Thoburn, 1990). If the attachment system is activated by threats to felt security it has the potential to limit mental functioning (Mikulincer & Shaver, 2007) likely to affect cognitive and linguistic performance. These pressures can accumulate to have an impact on the child’s ability and perception of their ability to perform competently within the interview (research) environment. This is likely to threaten their felt security about aspects of the relationship with the interviewer and their own interview competence.

It is recognised by Dunphy (2005) that the success of the interview depends on the ability of the interviewer to establish continual rapport, and continually read the child and interview situation to make flexible decisions about progression. The interview has been identified as a method that can be adapted in response to the child's language and to nonverbal signs (of discomfort), providing flexibility in uncovering subjective experiences (Yarrow, 1960; Bailey, 1978 and Selltiz et al., 1976 cited in Faux et al., 1988).

Irwin and Johnson (2005) emphasised that researchers need to be familiar with the child participants' linguistic abilities and needs. There is therefore a need of highly skilled researchers who possess the knowledge of the complex characteristics of children in out-of-home care. The interviewer's ability to do this is somewhat dependent on their skill and experience. Whilst this interview competence is emphasised in research with children (in general) it would be reasonable to suggest it is more necessary with children in out-of-home care who are often vulnerable to developmental challenges.

There are many examples that show the cognitive and linguistic ability of young children to participate in research in a competent manner (Mayall, 2002 ; see Radke-Yarrow, Richters & Wilson, 1988; Dunn & Kendrick, 1982; Dunn & Brown, 1991/2; Astrington, Harris & Olson, 1999; Wellman, 1990; Bernstein, 1991; Zukow, 1989; and Dunn, 1988 as discussed in McAuley, 1996 etc.). Children in out-of home care often experience unique and complex situations that are thought to hinder their development (Kools, 1999). These discussions do not identify how the cognitive and linguistic abilities of children in out-of-home care differ from other children and how these may affect the research experience for children in out-of-home care. There is little research to explore how they respond within the interview setting or how the interview context affects their sense of competence.

3.3.5 Mental Health and Behavioural Challenges

Children that are placed in care experience more mental health and educational problems, experience marginalisation, powerlessness and exploitation which exacerbate feelings of helplessness, confusion, loss, anxiety, fear, apprehension of the unknown, and sadness (Bruskas, 2008). They are often prescribed medication to help with their functioning. They may be fearful of what will happen to themselves and their families if they talk to someone they perceive to be in authority (Gunther, 1992 cited in Morison et al., 2000). Children in out-of-home care are often viewed as vulnerable because of their experiences of maltreatment and displacement; and because their complex issues are thought to hinder their developmental

trajectories (Kools, 1999). These perceived vulnerabilities often affect assessments of their competency to consent and participate in research.

The in-care (e.g. birth family contact, impermanence, placement type, birth and foster sibling contact) and the pre-care experiences (e.g. maltreatment type/length of exposure, entry into care) are likely to have diverse and adverse effects on children's psychosocial development and mental well-being. These factors present challenges to the present study design through potential confounding and distortion of children's perceptions and possible disruption to the well-being of the child participant. The effects of mental health problems such as "unrealistic thinking, poor frustration, tolerance and/or oppositional behaviour" are considered likely to affect children's behaviour, responses and perceptions of the research process (Drotar, 2008, p. 121).

There are some studies that challenge the negative connotations of adversity (that these children are inferior compared to children without these experiences), suggesting children develop earlier because of adverse experiences (Alderson, 2011). It has been suggested therefore, that sensitive agendas should not be excluded for vulnerable populations but rather "a different kind of sophisticated practice" needs to be developed to ensure children's participation "rights are met (Ellonen & Pösö, 2011, p. 471). Recent research has illustrated how a variety of creative methods have been developed to listen to the perspectives of very young children (Christensen, 2004) and children in out-of-home care (O'Kane, 2008). This supports the idea of adapting research tools or practices for children and this gives a viable solution to providing participation opportunities to children with complex needs and challenges.

Some suggest that the development of children exposed to maltreatment is compromised, or that a lack of experience, or emotional regulation may interfere with the child's decision making capability (Putman, Liss & Landverk, 1996 and Leffert & Petersen, 1999 cited in Meade & Slesnick, 2002). From this standpoint the child's capacity to give informed consent is limited, and therefore so is the ability to participate fully, which compromises the research data. Putman et al, 1999 cited in Meade, 2002 suggest these adverse experiences may overwhelm the child interfering in their ability to participate (or consent). Meade and Slesnick (2002) in their study with homeless adolescents, with mental health and abuse histories, propose that the experience of trauma does not necessarily prevent competence and suggests adults that have experienced traumatic events often consent (and participate) in

research. They suggest the resiliency of children in relation to adverse experiences should not be underestimated.

Little is known about how interviewing child participants will affect their mental well-being or how their mental health status will affect their experience or comfort during the interview process. Little is known about the effects of medication on the perceptions and experiences of children in out-of-home care. More research is needed to explore some of these gaps in research and contribute to the knowledge of those researching and working with children that present with complex behavioural, emotional and social difficulties.

These discussions raise the importance of the differences for children in out-of-home care highlighting the need for careful consideration in the present study design and the strategies required. The language differences, cognitive and social meaning attributed to questions and interview setting and interview relationship by children in out-of-home care, require careful attention from the interviewer. These factors place specific demands on the researcher's skill and knowledge of these factors to facilitate appropriate decision-making within the interview setting and about the research design.

The diversity of the views presented in literature highlight the gaps that exist regarding the concerns about the appropriateness of different methods, children's competencies, preferences and perceptions particularly in respect of the unique characteristics and circumstances of children in out-of-home care. They also illustrate the lack of research available investigating the perceptions of children in out-of-home care about the research process.

It appears from the literature reviewed that a vital step has been overlooked. Researchers have identified the benefits of children participating in research and have moved quickly into involving them. It seems this has been progressed quickly without full investigations of how this can be done in a protective, ethical research environment. It appears little attention has been given to whether some children are more vulnerable than others and if these vulnerable children require greater protective measures within the research environment.

The challenges to conducting research with children in out-of-home care are exacerbated as there is no rigorous research on the effects of interviewing on children in out-of-home care or their varying levels of sensitivity to being interviewed. This lack emphasises the exploratory nature of the present study. The efforts to develop an interview process which is comfortable

for children whilst discussing topics that could threaten their felt security requires a progressive design following a step by step iterative process of refinement to ensure the research process is both protective and participative.

PART TWO: DESIGN RATIONALE AND THEORETICAL CONSIDERATIONS

This section discusses the theoretical considerations and outlines the decision making process which led to the adoption of the exploratory, pragmatic methodology as well as the pragmatic philosophical paradigms.

3.4 Study Design

3.4.1 Rationale for an Exploratory Design

The design of the present study was developed to facilitate the identification of standards and practices for ethical interviewing with children in out-of-home care. Two integral reasons for adopting the exploratory design were the gaps in current knowledge and ethical concerns.

Lack of Knowledge: There is a limited amount of existing research to inform the foundation for the present study therefore the research design incorporated an exploratory process. Little could be anticipated about what findings would emerge during the process of the present study. The ways children might interact with the interviewer and the methods could not be anticipated from the beginning of the present study. As a result the present study provided a vehicle to iteratively identify, develop and refine interview methods, a comfort measure and practices which ethically exert an acceptably small “footprint” on children’s felt security.

Ethical Concerns: The many associated methodological challenges and the potential vulnerability of the sample population the present study required the design to be approached in progressive stages to minimise harm to child participants. At each stage processes, tools and strategies were trialled and investigated, moving from low risk to increasing risk of potential discomfort. At each stage the outcomes were used to inform the development of the next stage. Consequently careful consideration of each step forward in the interview design was required. This was to make sure each progressive step in the design was based on the preceding outcomes and the informed effects of the interviewing methods which were provided by the children themselves and researcher observation.

The exploratory process allowed for a critical reflection of the problems and strengths of the interviewing procedures and tools, participant’s interactions and responses and the

interviewer's experience of the interviewing process. These could then contribute to the assessment of the effectiveness of these factors in relation to maintaining participants' comfort experiences. This was done progressively with the view to maximise the suitability of the research methodologies to promote the elicitation of authentic data from the children whilst maximising their comfort. The flexible study design was beneficial in establishing a foundation from which interview strategies could be refined for practical application at each stage of the present study.

3.4.2 Rationale for the Mixed Methods Design

The present study design was developed in response to the direction of each iterative stage to address the exploratory nature of the study. Specific methods for each stage of the present study became necessary to achieve the study aims at that stage of the design. There was no presumption from the beginning of the present study that a single method design could or should be used across all stages of the enquiry.

In consideration of the exploratory nature, the multiple dimensions of subjective experience and the phenomena of comfort, and the varied measurement and analysis of the factors contributing to the refinement of the interview process, a mixed method design was determined to be the “best fit”.

The mixed methods approach is suitably applied to studies which address “multiple dimensions of a concept, or several concepts and/or variables demand to be considered using different forms of measurement” and if “there is a broad, encompassing question, rather than a narrow, targeted question” (Morse & Niehaus, 2009, p16). The mixed methods approach incorporated in the design of the present study is the mix of two qualitative methods (simultaneously) within a single study (Morse & Niehaus, 2009).

Broad and Encompassing Research Question: The primary research question of the present study is broad. It is open to an expansive array of factors which may eventually contribute to the findings of the study. Little was known at the outset about what may emerge during the present study and what conclusions may be drawn. The potential activation of attachment systems leading to the use of defence mechanisms and avoidance strategies by children make it difficult to assume from the outset what analytical purposes or perspectives will be most useful for the progression of the present study. The combination of the expansive research question, the exploratory nature of the research and the unique challenges of the sample

population contributed to the possibility that the research question could be better answered through the use of multiple methodologies.

Multiple Dimensions of the Study Concept: The factors that could influence the comfort experience of children were not certain because of the exploratory nature of this research. Whilst the concept of comfort is well researched it is predominately in the domain of nursing in application to pain management. The psychological dimension of the concept of comfort is not well explored. This, combined with the subjective experience of comfort, meant there could be no presumption that a single methodology would provide the best means of exploring the concept of comfort.

Multiple Variables: The purpose of the present study was to explore and refine interview strategies with the view to maintain levels of comfort with (potentially vulnerable) children in care. Because of this the dominant variables which were integral to the investigation were comfort and the interview designs. It was not feasible to assume from the outset of the present study that one methodology would be the best fit for the investigation of both of these variables.

Many confounding variables were anticipated to be present because of the vulnerabilities and challenges identified in the sample population. This promoted the likelihood that more than one methodology would better serve the aims of the study.

The emergent, flexible, iterative approach (see Creswell, 2013; Morse & Niehaus, 2009) associated with exploratory research allowed for the progressive refinement of the interviewing process. The mixed method design facilitated the collection of multiple perspectives on the best interview strategies and which factors contributed to participant comfort. It facilitated a multi-level analysis from different perspectives and different levels of immersion within data. This resulted in a deeper understanding of the phenomena of participant comfort and contributed to an informed approach on the refinement of interview strategies.

Different Forms of Measurement and Analysis: The process of refining the interview strategies required the measurement and analysis of different data across time. It was difficult to presume which methodology would provide the best analytical tools and perspectives for the emergent data.

The rigorous mixed qualitative method described by Morse and Niehaus (2009) was deemed a preferred option for the present study. This allowed for the application of clearly outlined procedures of already well-established traditional approaches. A benefit of this was the confidence with which they could be strictly applied and the historical validation of the procedures as previously established through their explicit use in other study exemplars. This was considered to maximise the credibility of the present study design and the trustworthiness of the outcomes. The two dominant qualitative methods included in the present study design were grounded theory and case study.

This use of mixing qualitative methods has been accepted by prominent writers and researchers in the field of qualitative research (see Denzin & Lincoln, 2000; Maxwell, 2005; Morse & Niehaus, 2009; Plano Clark & Creswell, 2008; Yin, 2011). It has been supported and explicitly discussed by some researchers (Maxwell, 2005; Yin, 2011) and mentioned by others (Creswell, 2013; Denzin & Lincoln, 2000).

Thorne, Kirkham, and O'Flynn-Magee (2004) cites Morse (1991) stating there are many qualitative researchers that are conducting “legitimate qualitative research for which as yet there is no name” (p. 2). Caelli, Ray, and Mill (2003) also recognise this and agree it is the credibility of this research that needs attention. For this reason the present study has been designed with a focus on stringently maintaining its trustworthiness to enhance its credibility (see section 4.21).

3.5 Theoretical Considerations of the Study Design

The following discussions relate the integral theoretical understandings from literature to the decisions that were made concerning the design. Because of the complexity of the present study design these discussions have been presented separately from previous discussions about the decision-making for the purpose of clarity. They provide some necessary insights into the theoretical foundations upon which decisions about the present study design were made.

3.5.1 Qualitative Research

Qualitative research is an area of inquiry which spans across many disciplines and topics. It encompasses a variety of methods which are underpinned by various philosophical assumptions; these are the beliefs that guide the research actions (Creswell, 2013). Each method incorporates processes and terminology specific to that particular genre (Denzin &

Lincoln, 2000). Because of this the writers of qualitative texts are hesitant in applying a standardised definition of qualitative research with the fear of being seen to under-represent a method type (Denzin & Lincoln, 2000; Yin, 2011). They instead present a number of characteristics which unite the majority of qualitative methods under an interpretative umbrella (Creswell, 2013). Qualitative research typically: occurs in a natural setting; uses multiple data collection methods; is emergent, interpretive and takes a holistic view of social phenomena; is reflexive; is primarily inductive with moments of deductive reasoning; and utilises one or multiple strategies for data collection, analysis and writing (Creswell, 2003, 2013).

The qualitative approach allows for an iterative and flexible use of multiple data collection methods and analytic strategies. It provides a foundation for complex reasoning suitable to the exploration of a topic that is not well understood. The exploratory nature of the present study with the aim for outcomes to facilitate practical application both during the implementation of the study (Thorne et al., 2004) and within the field of research influenced the decision to adopt a qualitative study design sensitive to these aspects. In summary the approach best suited for the present study required flexibility of study design and strategies while ensuring trustworthiness during the progressive refinement of the research procedures (Creswell, 2013; Marshall & Rossman, 2011).

“Social reality” and “human events” are complex and unique (Creswell, 2003; Yin, 2011) and qualitative methodologies provide a useful platform to investigate these complexities. Qualitative researchers are focused on understanding the meaning people attribute to the events or interactions in their daily lives (Creswell, 2013; Denzin & Lincoln, 2011; Taylor & Bogdan, 1998). Because the interview is a complex social interaction (Forrester, 2010) the interviewer/researcher becomes a co-contributor of data (Forrester, 2010) and the “key instrument” (Creswell, 2013) within the research process. Qualitative researchers recognise the distinction between, and influence of, the participants’ (emic) perspectives and the external researcher’s (etic) perspectives on the outcome data (Denzin & Lincoln, 2000; Hennink, Hutter, & Bailey, 2011). Qualitative researchers recognise the subjective nature of social interaction and incorporate a reflexive approach to address this subjectivity (Hennink et al., 2011). The interview context elicits the natural responses of child participants to the interview tools, procedure and interviewer from within their natural home setting (Yin,

2011). These identified needs of the present study were aligned to these qualitative characteristics.

3.5.2 Multiple or Mixed Method Design

The mixed methods approach is typically associated with mixing the methodologies of the qualitative and quantitative traditions. The majority of discussion in literature has centred on this type of method mixing and the philosophical debates it generates amongst researchers (see Denzin & Lincoln, 2000; Flick, 2006; Morse & Niehaus, 2009; Tashakkori & Teddlie, 1998).

The names given to describe the mixed methods approach are vast and contribute to confusion especially for novice researchers (Tashakkori & Teddlie, 1998). These include: mono-methods, multiple methods, mixed methods, multi-method research, triangulation of methods, methodological mixes (Tashakkori & Teddlie, 1998), convergent methodology, multi-trait (Jick, 1979a), generic qualitative research (Caelli et al., 2003; Yin, 2011), field-based study (Yin, 2011) and interpretive description (Thorne et al., 2004).

The following definitions are applied within the present study.

Multiple Methods: is a “series of complete related qualitative (and/or quantitative) research projects” (Morse & Niehaus, 2009, p13).

Mixed Methods: is a “scientifically rigorous research project driven by the inductive or deductive theoretical drive comprised of a qualitative (or quantitative) core component with qualitative (or quantitative) supplementary component(s)” (Morse & Niehaus, 2009, p14).

The decision-making about whether to adopt a multiple or a mixed methods design involved some specific considerations. These considerations are discussed as follows.

Single Study Design: The present study follows a mixed method rather than a multiple method design because it incorporates a single research project of a single sample population, rather than a series of research projects, of more than one sample population. It also includes a core qualitative component (grounded theory) with a supplementary component (case study).

Implementation of each Method as a Separate Entity: The challenge to determine whether to adopt the multiple method or mixed method design described by Morse and Niehaus (2009)

was the extent to which each component was conducted, that is, either as a separate method applied in its entirety or solely as a set of analytical tools. This raised questions as to what is meant by implementing a method in its entirety compared to adopting only the procedures and tools solely for analysing the data. These questions are addressed below.

A criterion proposed by Sandelowski (2000a) to assess whether components are integrated into the design in their entirety is the congruence of the sampling, data collection and presentation procedures to each of the specific components. The sampling, data collection and presentation of the results were congruent with the grounded theory and case study procedures. The sampling procedures were used to obtain a convenient sample appropriate for use in both grounded theory and case study. Multiple data collection tools were implemented, including qualitative interviewing according to standard grounded theory and case study protocols. The interpretation process incorporated the method specific procedures and processes accordingly. The presentation of the outcomes adopted a mixed reporting style, including category comparisons consistent with grounded theory; and case study excerpts typical of case study reporting.

Publishable Components: A further criterion for assessing whether components were incorporated in the design in their entirety is how publishable the outcomes generated by each component were on their own. Morse and Niehaus (2009), in their descriptions of the *multiple* method approach, express the assumption that if two or more of the qualitative methods are mixed as separate methods in a series of research projects each should be able to be published in their own right. They differentiate the *mixed* methods as having one method as the core component and the other method a supplementary component. In this definition both the core and supplementary components stay whole and become publishable as a whole.

In the present study it is recognised both the grounded theory and the case study methods have generated potential publishable outcomes in their own right. The core grounded theory component has the potential to report theoretical understandings of concepts surrounding the interviewer-participant relationship and participant comfort. The case study (supplementary) component has the potential to report findings on the effect of different interview methods on participant comfort. To serve the primary research question of the present study however, it is more useful if the outcomes generated by the grounded theory and the case study components are reported and published as a whole. This then provides a comprehensive understanding of

the effects of interviewing on the comfort experiences of children in care. This is consistent with the Morse and Niehaus (2009) definition of a mixed methods study.

Primary Research Aim: It is important to note that the intention of the outcomes is to contribute to the progressive practical application throughout the present study and not theory generation, even though this would be typically associated with grounded theory, and hence the grounded theory analysis was cut short. Theoretical sampling procedures were not pursued (in relation to deepening the understanding of the concepts thought to influence participant comfort) and therefore the analysis process may not have reached theoretical saturation as typically expected through the traditional application of grounded theory procedures. It could however be argued that through the use of the case study method in a supplementary role, theoretical saturation was achieved for the (sole) sample population in the present study. The way in which the grounded theory method was used achieved tentative theory generation about the factors that influence participant comfort. This provided an operationally defined set of concepts upon which further case comparisons could be made during the cases analysis process.

Consistency of Concepts: The decision to apply the grounded theory generated categories consistently across the span of the present study was to provide clarity in terminology and flow of the presentation and discussion of the results. This was to assist the reader in being able to follow the process and interpretations of the present study more easily. This process also enabled an emerging clarity of the concepts over the span of the present study. These categories were useful concepts upon which to make comparisons within and across the data sets. They provided a set of concepts which could be analysed for their consistency or difference within and across the cases and interviews. This is consistent with the abductive nature of the theoretical drive of the present study design in moving back and forth between the data, existing and generated hypotheses.

3.5.3 Paradigms and Philosophical Assumptions

There have been many debates about the use of the mixed method approach. Historically these debates have centred on the appropriateness of mixing qualitative and quantitative methodologies. Relevant concerns expressed are: the mixing of different paradigms, the concern of blurring methodologies, and the implications this has to the credibility of such research. Morse and Niehaus (2009) note that because there is a reduced risk of mixing paradigms the qualitative-qualitative mix is the least problematic of the mixed methods. This

is because the concerns raised about paradigm mixing jeopardising validity have not been considered as applicable to the mixing of methods within a single qualitative study. Within the present study the theoretical drive and paradigms of both the components are congruent with each other and the qualitative approach. Both the grounded theory and case study methods have been described as inductive with the ability to be used abductively (Creswell, 2013). Both are congruent to the interpretive pragmatic paradigm and therefore should be considered the least problematic form of mixing methods.

The concerns of mixing methods have however, recently been raised in relation to the practice of integrating two or more qualitative methods into a single study. Before continuing this discussion it is first necessary to discuss what literature presents about paradigms in relation to qualitative research and when using the traditional mixed (quantitative-qualitative) method.

Paradigms are theoretical frameworks which direct the course of a research project. They connect theory (knowledge) with the practice of research (Morse & Niehaus, 2009). Embedded within these paradigms are philosophical assumptions (Creswell, 2013). These are the belief sets of the researcher which sit within a theoretical framework and influence the researcher's decision making about the practical aspects of the study design (Creswell, 2013). The classification of philosophical assumptions is essentially derived from four universally recognised truths: ontology, epistemology, methodology (Creswell, 2013; Denzin & Lincoln, 2000), and axiology (Creswell, 2013).

Ontology refers to the belief in the existence of a single reality or multiple realities. In the case of multiple realities for example, the participants, researcher and reader's perspective (Creswell, 2013). If multiple realities are believed possible then a researcher is likely to seek these from different sources, using multiple methods of data collection.

Epistemology refers to knowledge construction and is considered to relate to the relationship between the knower and the knowledge seeker (Creswell, 2013; Denzin & Lincoln, 2011). Qualitative researchers recognise it is the participant who holds the knowledge, and therefore field work, whereby the participant is in their natural setting, is considered optimal to minimise the distance between the researcher and the participant (Creswell, 2013).

Axiology refers to the ways in which values permeate research. Qualitative researchers acknowledge the presence of values in the interpretation of research outcomes and often transparently expose these throughout the research process (Creswell, 2013).

The theoretical drive (Morse & Niehaus, 2009) of qualitative studies is generally described as inductive, which links the outcome data back to theory; within the pragmatic approach the study may be abductive (Morgan, 2007).

These assumptions are embedded within paradigms. The quantitative approach is most often associated with the positivist/realist/empiricist paradigms (Tashakkori & Teddlie, 1998). The ontology of this paradigm is that there is only one true reality and cause and effect relationships exist (Tashakkori & Teddlie, 1998). The epistemological assumption within this paradigm is that reality/truth exists independent of the observer. The methodology is then designed in a ways to accurately measure this reality or cause and effect relationship. The axiological premise is that the values of the investigator have no effect on the nature of this single truth.

The paradigms commonly associated with qualitative research can generally be thought to be united under the umbrella of an interpretive/constructivist paradigm (Creswell, 2013). The epistemological assumption is that there are multiple realities and knowledge is meaning derived from our own interpretations of that knowledge (Creswell, 2013). The methodology is designed in ways to capture the diversity of the multiple realities. The axiological premise is that the values of the researcher influence data interpretation hence contributing to more than one version of the truth for the participants, the researchers and potentially the reader.

Pragmatist Paradigm: The emergence of a variety of qualitative methods has brought with it an expansive array of approaches each typically associated with its own method. A recent emergent theory is the pragmatist paradigm. This developed in response to the debates on the appropriateness of mixing methods (Denzin & Lincoln, 2011; Morgan, 2007). Johnson and Onwuegbuzie (2004) outline the general characteristics of pragmatism drawn from the works of classical pragmatists such as Pierce (1878) and Dewey (1920) and neo-pragmatists such as Rorty (2000) and Reacher (2000). The characteristics of the pragmatic paradigm can be applied to the philosophical assumptions identified above as follows.

The ontological view of reality and truth within the pragmatist paradigm is that truth and reality changes over time and context and therefore the information obtained during the

research process can be considered only as tentative. Pragmatism rejects customary dualisms such as realism and antirealism, complete objectivity and complete subjectivity, but rather places emphasis on the “reality of and the influence of the inner world of human experience in action” (Johnson & Onwuegbuzie, 2004, p.18).

The epistemological stance is that knowledge is “constructed and based on the reality of the world we experience and live in” (Johnson & Onwuegbuzie, 2004, p.18). Pragmatism maintains a belief that no knowledge is infallible and research conclusions are not absolute. Pragmatists propose that knowledge may be gained through the use of both inductive and deductive processes (Creswell, 2013). This they refer to as abduction, the moving back and forth between the empirical and the study data (Creswell, 2013; Johnson & Onwuegbuzie, 2004; Morgan, 2007).

The axiology of the pragmatic paradigm is explicitly derived from cultural values, that is, it supports the “shared values of democracy, freedom, equality and progress” (Johnson & Onwuegbuzie, 2004, p.18). This is reinforced through the preferential focus on workable, effective, common sense solutions over dualistic philosophising.

Johnson and Onwuegbuzie (2004) discuss mixed methods with a view to establishing it as a separate entity equivalent to the quantitative and qualitative approaches. They position pragmatism as the theoretical paradigm upon which to design a mixed methods study.

Morgan (2007) suggests the pragmatic approach allows for the use of abductive reasoning by “first converting observations into theories and then assessing those theories through action” (p. 71). This was useful to the iterative nature of the present study. The abductive reasoning process assisted with the identification of the actions to refine the study design and the interview methodologies over the span of the study. As previously discussed the eclectic and pluralistic nature of the pragmatic approach facilitated the expansive exploration the multiple perspectives of the sample population. The explorative, iterative needs of the present study were suitably aligned to the practicality and flexibility of the pragmatic approach and paradigms.

3.5.4 Mixing Paradigms

The main debate over mixing methods exists in the argument of the incompatibility of mixing paradigms (Denzin & Lincoln, 2000, 2011; Tashakkori & Teddlie, 1998; Teddlie & Tashakkori, 2011). The theoretical concerns about mixing paradigms and the possible

implications of this for the credibility of the study design and eventual trustworthiness of the outcomes was a challenge to the present study design.

Philosophical assumptions and paradigms can be considered useful in providing a common scientific language to aid communication between researchers within and across their respective fields (Morgan, 2007). They provide theoretical foundations from which to deductively and inductively link, explore and explain the outcomes of a study. The ways in which paradigms are described in literature has limitations. They are often discussed as dichotomous beliefs with succinct boundaries separating each paradigm from the other (Morgan, 2007). They are depicted as being necessary for the credible implementation of the research methodologies and as integral in establishing validity. It is inferred in these discussions that by accepting one set of belief systems all others must be rejected (Morgan, 2007).

The imposed limitations could be considered as restricting the flexibility of study design in addressing a complex mixture of concepts within a single study such as the presence of participant discomfort (single reality) and factors influencing comfort (multiple realities). The premise that the theoretical beliefs determine the best choices in study design could be thought to undermine the importance the role the research question and study aims play in determining the design of a study (Morgan, 2007).

There appears to have been no real resolution to the question of mixing paradigms within mixed method designs. There are still differing opinions as to whether paradigms have distinct boundaries, whether a study design can be founded on multiple paradigms or when and how these paradigms affect the validity of the study design. Recently the discussion surrounding the use of mixed methodologies and mixing paradigms has widened to include the mixed qualitative method designs (see Caelli et al., 2003; Sandelowski & Barroso, 2002; Thorne, 2008; Thorne et al., 2004).

Morgan (2007) raises a relevant point, when he questions the blurred boundaries of each of the paradigms and suggests this dislodges the premise, that by accepting one paradigm all the rest have to be rejected to maintain “commensurability”.

In respect of the distinction based on paradigms, Rolfe (2006) disputes the idea that all qualitative and quantitative researchers fit neatly into a single paradigm. He suggests that not

all non-quantitative methodologies share common philosophical assumptions and paradigms. He writes that the distinctions made are often “over-simplistic and misleading” (p. 307).

Rolfe (2006) argues that on the basis that no single paradigm that can cover every qualitative method the use of a mixed method approach is appropriate as long as it is validated through transparency, reflexivity and a detailed audit trail. Teddlie and Tashakkori (2011) also propose the incompatibility argument is addressed through the first characteristic of the mixed methods approach of “methodological eclecticism”. This they contend supports the use of the methodological procedures that best address the research question.

Sale, Lohfeld, and Brazil (2002) suggest that one cannot be a positivist and an interpretivist, and the underlying assumptions of each determine the way in which the phenomena of a study is approached and ultimately defined. Because of this they propose that, what the quantitative approach is measuring and what the qualitative approach is describing cannot be the same phenomena. Ultimately the phenomena may be labelled the same but these labels mean different things. This would suggest the outcomes of the mixed method design are misrepresentative of the phenomena which jeopardises the validity of the results.

By mixing two qualitative methods with consistent paradigms and theoretical drives it would be reasonable to expect the meanings of concepts such as participant comfort would remain stable over the span of the present study. It would also be likely that because of the explorative nature of the present study the meanings of concepts would become better understood over the span of the present study. This could be further aided through the application of multifaceted perspectives derived from the use of more than one qualitative approach.

The mixed methods approach appears to be becoming more widely discussed as a valid scientific research model (Morse & Niehaus, 2009). To date, however, the question of whether it is possible to mix or not mix paradigms without having a negative impact on validity is considered unresolved by some researchers (see Sale et al., 2002). The pragmatic approach is proposed by some as equivalent to the mixed methods approach and it has been suggested to address some of the dilemmas associated with mixing methods and paradigms within a single study (see Johnson & Onwuegbuzie, 2004; Morgan, 2007). The risk of mixing paradigms and jeopardising the quality of the research is thought to be overcome by the use of the singular pragmatic paradigm (Morgan, 2007)

Pragmatism is grounded in practicality, Johnson and Onwuegbuzie (2004) support this stating “when judging ideas we should consider their empirical and practical consequences” (p.17). It is through the practicality and the flexibility that comes with this, that the pragmatic paradigm was a useful theoretical framework for the explorative and iterative nature of the present study. It was useful in avoiding the susceptibility of mixing more than one paradigm when the present study included a mixed method approach.

3.5.5 Trustworthiness of the Mixed Method Design

Researchers that use the mixed methods approach continually seek to progress the approach further by attempting to address the anomalies that exist when mixing paradigms and methodologies. They do this by focusing on the maintenance of the empirical credibility of the study. This is achieved by addressing the validity or trustworthiness of the study design. The concern of mixing paradigms has highlighted a justifiable need to pay attention to the implications of this on the validity of mixed method studies. Those researchers that support the mixed methods approach emphasise the importance of paying attention to validity when using this approach.

Morse and Niehaus (2009) suggest the ultimate risk to validity is when two methods from different paradigms are used within one study. They argue that a mixed methods approach should not be the casual blending of methods rather one approached with rigor. On the basis of their comprehensive work in the mixed methods field they provide sets of rules to govern the mixing of methods in a single study with the focus on preserving rigour. They suggest avoiding the meshing together of two separate paradigms. It is suggested the qualitative components of the study are better conducted separately each with their own dominant “theoretical drive” which then can come together at a “point of interface” (p.11). This point of interface can be thought of in equivalence to implementing the process of triangulation.

Triangulation has a traditional and widely accepted use within studies which implement multiple methods of data collection. It is commonly referred to as a credible means of cross-validating data from a mixed method design. It is proclaimed as a process that enhances trustworthiness through the identification of convergent agreement between different method outcomes (Flick, 2006; Guba & Lincoln, 1982; Jick, 1979b). Jick (1979b) identifies the purpose of triangulation is to explore the level of agreement between two, or more, methods

to increase confidence in the outcomes providing cross-validation. This he suggests is the key strength of the use of multiple (mixed) method designs.

In summary the key challenges that emerged when considering the theoretical principles that guide the design of the present study were in ensuring that:

1. Methods used were kept separate to avoid method blurring.
2. Research tools used across methods defined and measured the same concepts and phenomena.
3. Paradigms and the theoretical drive of the study were consistent with those of each method.

Adoption of a mixed methods or pragmatic approach and pragmatic paradigm has provided redress for the concerns generally related to a mixed methods design. Clarity in method application, consistency of conceptual meanings and theoretical foundation throughout the span of the present study contributes to in the robustness of the research design.

The following methods chapter expands on the research design and provides the step by step procedures as conducted in the present study.

PART THREE: STAGE DEVELOPMENT AND DESIGN

The following section provides an account of the decision making process in relation the practical design features. In particular the how decisions were made in respect of the development of the stages, why specific methodologies were considered to best address the primary research question and remain faithful to the theoretical frameworks of the present study.

3.6 Anticipated Stage Design

Because of the methodological challenges, lack of knowledge and ethical concerns associated with the study topic and sample population it was envisaged the present study would progress through a series of iterative stages.

Initially four stages were anticipated.

1. The purpose of the first stage would be to collect data to provide a comprehensive picture of the characteristics of the children and their methodological preferences in relation to the interview design.

2. The purpose of the second stage was to explore and then trial different interview designs (on the basis of the findings from Stage 1) with the children.
3. The purpose of the third stage was to terminate the interviews and debrief the participants.
4. The purpose of the fourth stage was to trial the preferred interview option with a second sample group of children.

During the progress of the present study the purposes and the subsequent stage design deviated from the initial anticipated design. The development of the present study design changed in response to the findings from each of the previous stages. The present study therefore proceeded as follows.

3.7 Stage 1 Design

The initial purpose of the Stage 1 design was to identify the best ways in which to elicit information which would provide a comprehensive picture of each of the participating children. To achieve this purpose the design needed multiple methods of data collection (from caregivers and children) to provide adequate descriptive data of the sample population. Caregiver questionnaires were deemed best to facilitate gathering this descriptive data and this provided a standardised format to collect primarily factual data (such as male/female, age etc.). Qualitative interviews were identified to be useful to increase the richness of the child reported data. This data was needed to provide knowledge of each of the children's preferences and competencies, minimise risk of harm (including discomfort) and to identify the best interview methods (to overcome methodological challenges) to incorporate into the next stage study design.

From the outset it was decided that the methodology of the present study would be qualitative because of the small sample numbers but the exact nature of the qualitative study, by virtue of the present study being exploratory, could not be known from the start.

Because of the need for the present study design to be developed throughout the research process a number of alternative methods were explored for their usefulness at different times during the study. In making selection decisions it was acknowledged that a number of different methods could have been useful at different stages of the research process. The

selection of each method was determined on which would be the best fit to better address the research question and the present study aims.

A further purpose of the Stage 1 design was to facilitate the collation of the collected data into a useful document that would have practical value to inform the development of the following interview structures. This resulted in the development of a child interview profile.

There were three prominent factors which arose during the Stage 1 data collection which influenced the choice of the analysis procedures in the present study design. The first factor was the unexpected deviance from a focus on the refinement of an interview method to the increased importance of the interviewer-participant interaction for its effect on participant comfort. This was emphasised by the interviewer's recognition of the self as a novice research interviewer.

The second factor was the recognition of the complications involved in measuring the concept of participant comfort. This was emphasised by the absence of literature available to guide a trustworthy measure of psychological discomfort in children, and more particularly for children in out-of-home care.

The third factor was the lack of a set of clearly outlined procedures in the generic and yet underdeveloped accounts of mixing qualitative methods. These accounts provided little in the direction of how to apply a structured analysis. It was acknowledged at this time that validity of outcomes rests heavily on the interpretation of those findings (Onwuegbuzie & Johnson, 2006).

In consideration of these three factors in conjunction with the goal of the primary research question, the need for practical application throughout the present study, and the characteristics of the sample population the present study design needed to incorporate a rigorous analytical approach to the data. The present study design progressed to follow a pragmatic approach (Morgan, 2007) that is the adoption of more than one methodology by borrowing analytical tools from traditional methods. This was appropriate for the goals of the present study and consistent with the pragmatic paradigm (Johnson & Onwuegbuzie, 2004; Morgan, 2007). It was also consistent with the generic (alternate) qualitative study designs (Morse & Niehaus, 2009; Sandelowski, 2000b; Thorne, 2008; Yin, 2011) as described in the next section – 3.6.2).

3.8 Review of Methodologies at Stage 1

The following methodologies were assessed for their usefulness prior to stage one data collection. The descriptions of these alternative methods are restricted to the characteristics which were considered beneficial to the design of the present study and those which were points of difference.

3.8.1 Action Research

Because some characteristics of action research are present within the primary aims of the present study (i.e. the critical reflection of what works and what does not and the aim for practical application) the Action Research genre were initially considered. The specific methods considered were those aligned to appreciative inquiry and participative action research.

Appreciative inquiry is derived from positive psychology and focuses on transformational change through collaborative inquiry. This method is positively focused on what is working (Cram, 2010). Although it was developed primarily with organisational change it has also been identified as useful in application to Kaupapa Maori settings (Cram, 2010). Participatory action research (PAR) (implemented in collaboration with the community of interest) focuses on the generation of problems with the view to generate solutions (Savin-Baden & Wimpenny, 2007). PAR includes the process of self-reflection (sometimes critical) amongst its procedural toolbox and is also found in application to professional development and practice. It achieves data exploration by reflecting on the experiences and actions of the participating members in a continuous learning process. This is aimed at positive change; often including professional development and skill improvement (see Savin-Baden & Wimpenny, 2007).

PAR was initially explored for use in the present study. It was considered this would provide opportunities to maximise the participation of children in the design of an ethical, practically evidenced interview design for future use with children in out-of-home care. This would in effect maximise the likelihood that children in care could be interviewed about sensitive issues whilst maintaining their comfort levels. Upon closer consideration of this method, in its entirety it was found to be inappropriate.

It was considered that putting children into the position of co-researcher exploring topics that may threaten their felt security may prove to be too difficult for children. It was also

considered it may expose them to academic challenges beyond their knowledge (causing competence related felt insecurity). The potential consequence of this method choice was the possibility children may be pushed beyond their comfort levels thus explicitly defeating the primary purpose of the research project from the outset. This may occur by putting children in a position foreign to them such as a position of being the teacher, decision-maker, or alternatively in a position that may have been negatively experienced by the children in their earlier lives. An example of this would be to have to help the adult researcher, replicating likely experiences of having to be the adult in their families. This may have resulted in a confusion of their role, a sense of having to and frustration in working beyond their competence. This was determined as defeating the primary purpose of the present study, to maintain their comfort levels.

For PAR to be deemed an appropriate methodology the children should be involved in the development of the research questions and interview agenda which was not the case in the present study. Ethical concerns were raised of potentially putting children into a situation which falls out of their competence and understanding levels (such as would be likely in full participation because of the focus of academically derived concepts such as felt security). This was especially a concern for children that have complex diagnoses and behaviours, and who have experienced maltreatment, rejection and displacement. As a result on face value this method was considered too risky.

The primary research question of the research project was to identify if children (who have often experienced maltreatment, rejection, abandonment and displacement) could be interviewed about sensitive issues whilst not causing discomfort or further psychological harm. The nature of the research question itself posed problems to incorporating a fully participatory action research methodology. This was because the topic itself had the potential to challenge the child participant's defence mechanisms and self-view. Involving children fully in the development of the research design would have been considered appropriate if the research question had been exploring what children should be asked about their perceptions of being in out-of-home care. The research question as it stands however would have the potential of threatening their IWM's in respect of self-competence levels. It was also considered that by fully informing the children of the research purpose it may have influenced the outcomes, in ways that were unknown to the researcher and unidentified by research to date, thus resulting in a confounding effect on the research outcomes.

The assumption was their full participation in the design of the research process was not achievable for the present study and threatens to be deemed supportive of the view of children as incompetent beings. It is, however, acknowledged there are a lot of “possibilities or maybes” in this explanation but this is precisely the point of the explanation, that because of the exploratory nature of the present study there is not enough known to “risk” putting children into a fully participative role within the research process. It is not, however, presented as a conclusive statement rather the reasoning behind the decision not to follow a fully participatory design.

This method did not best support the research question and was deemed too risky to children because of the lack of evidence available as to how the PAR process may affect the children in the present study. Ultimately the exploratory nature of this research presented a level of unethical risk to a fully participatory method.

Although the participatory approaches were ruled out in their entirety when considering beneficence factors it was decided to incorporate research tools and strategies that would allow children to make choices about how they participated. This was anticipated to facilitate their sense of control over the interview process as much as possible. This decision signified the beginning of considering the appropriateness of using multiple methods of data collection within the design.

3.8.2 Generic Qualitative Methods

The pragmatic approach and a generic qualitative design were considered at this time. Johnson and Onwuegbuzie (2004) argue that pragmatism is the theoretical paradigm which underpins the mixed methods design. The pragmatic methodology is one which suggests ‘eclecticism and pluralism’ in that all theories (even conflicting) and research methodologies can contribute to the (better) exploration of the multiple perspectives of people and their worlds.

Morgan (2007) discusses pragmatism as more than a theoretical paradigm. He goes further to establish pragmatism as a third and equivalent entity alongside the quantitative and qualitative approaches. He proposes that the pragmatic method is equivalent to the mixed methods approach which uses more than one method within the study design. The framework he offers for understanding the distinctions between the approaches are based on three key issues. The first is the process of connecting theory to data. He suggests the pragmatic

approach offers a process of abduction compared to the processes of induction (qualitative) and deduction (quantitative) processes. The second is the relationship of the researcher to the research process. He suggests a pragmatist approach is one of inter-subjectivity compared to subjectivity (qualitative) and objectivity (quantitative). The notion of inter-subjectivity is acceptance that there is one real world yet people have a variety of perspectives about that world. This then places an emphasis on the “processes of communication and shared meaning that are central to any pragmatic approach” (p. 72). The third is the inferences taken from the data. He suggests that in the pragmatist approach these are focused on transferability compared to context (qualitative) and generality (quantitative).

The design for the present study, under the umbrella of a pragmatic approach, began to follow a “generic” qualitative methodology without aligning specifically to any of the traditional qualitative methods. It was decided the first stage of data collection would be conducted following the “field work first” approach discussed by Yin (2011). This would allow for the “real-life conditions” (p.66), children’s perspectives and findings to be considered during the development of the next stage of the present study design.

Yin (2011) describes the use of a generic form of qualitative research or field based study design without any prescription to particular methods. He argues that because qualitative research focuses on finding the meaning in life events, the opportunity to conduct field work first can provide insights into how a study can be more effectively targeted. This can be achieved through better research questions, increased sampling and/or addressing new perspectives that emerge from engaging in the fieldwork. Although Yin (2011) promotes the use of a customised approach to qualitative research design, he also identifies the importance of researcher integrity and trustworthiness. He suggests that no matter when the study design is determined, the design can be either robust or flawed if approached without careful consideration. This emphasised the need for careful planning at each stage of the present study design.

After the compilation of the Stage 1 data into the interview profile document two aspects were identified as being integral to the progression of the present study. Deeper insights into the concept of comfort and the interviewer-participant relationship were required, and interviewer skill (and lack of) needed to be further understood in relation to participant. The following methods were considered for their usefulness to the exploration of these aspects.

3.8.3 Discourse Analysis

Discourse analysis, in particular Dialogical Interaction Analysis, was the first method investigated. Dialogical interaction analysis stems from the discourse analysis method which involves the theoretical conceptualisation of language use (Rex et al., 2010). Dialogical interaction analysis is considered to provide a useful set of procedures and analytical tools to explore inter-subjectivity (Gillespie & Cornish, 2010). It provided helpful information on how to break down the transcript data into word by word, sentence by sentence units for analysis with the aim of more closely exploring the social interaction between the interviewer and the participant. This procedure introduced the possibilities of examining the interviewer-participant interaction by the analysis of the language used between them. It was decided that the analytical procedures were beyond the researcher's skill levels (requiring in depth language knowledge) and therefore dialogical interaction analysis was ruled out and deemed inappropriate for use in the analysis process.

3.8.4 Grounded Theory

Grounded Theory is a qualitative methodology used with the purpose to generate theory from the data, through the use of a systematic approach to analysis. Grounded theory has developed over time and there are two commonly used forms of this methodology. The Glaser and Strauss (1968) approach and the later (Corbin and Strauss (2008); Strauss and Corbin (1998)) approach. The provision of a clear and systematic set of grounded theory procedures developed in the later version made precise application (especially for novice researchers) achievable. This signifies one of the primary differences between the grounded theory approach described by Strauss and Corbin (1998) and the earlier version developed by Glaser and Strauss (1968). Corbin and Strauss (2008), however, emphasise these systematic procedures of their later approach should not be disconnected from theoretical influences and implications.

The procedural steps presented in Strauss and Corbin (1998) were easy to follow and methodical. They were adopted in the present study and are detailed in the methods chapter. The data analysis procedures of the grounded theory method were useful in ensuring a rigorous structured approach to analysis, with the view to ensure robust trustworthiness of outcomes. This was essential to maximising the quality of the findings for practical application within the present study and for future research.

Strauss and Corbin (1998) grounded theory procedures provided a precise approach in analysing the Stage 1 data through the identification and isolation of categories and subcategories. This categorisation process became a helpful foundation from which to identify the emerging issues important to the maintenance of comfort for children, when being questioned about sensitive issues, during the research interview process.

In essence the grounded theory analysis procedures allowed for the generation of some tentative hypotheses (theory) about the factors which may contribute to participant and interviewer comfort. The analytical process also provided a structured strategy, as described by Corbin & Strauss (2008), to investigate the interviewer-participant interaction through a word by word, line by line analysis. This then informed the identification of interviewer skills deemed to either promote or hinder participant comfort. In conjunction these were able to inform the decision making surrounding the development and refinement of the interview process.

Methodologically grounded theory provided the best fit for the needs of the research agenda and the emerging needs of the Stage 1 data. It was also important to consider its theoretical fit. Morse and Niehaus (2009) argue that the theoretical drive of the method that is incorporated in the mixed method design needs to complement the theoretical drive of the present study as a whole. The pragmatist approach emphasises an abductive, interpretivist theoretical drive. Grounded theory has been described at times as resting on a post positivist or a constructivist paradigm (Creswell, 2013) or pragmatic (Corbin & Strauss, 2008) paradigm. Grounded theory has been primarily discussed as an inductive process but it has also been described as moving back and forth in an abductive fashion between the theory and data (Corbin & Strauss, 2008; Creswell, 2003). The iterative processes of the grounded theory methodology complemented the holistic iterative approach of the present study. The grounded theory procedures and tools were deemed the best fit for the analysis of the Stage 1 data. The underlying theoretical paradigms and drive of grounded theory were also identified as a good fit for the present study.

Once the analysis of Stage 1 data collection was completed the primary focus and aim of the research were returned to for consideration. This informed the decision making about the next stage of data collection and analysis, which in turn prompted the progression of the present study design towards adopting the mixed qualitative method design as described by Morse and Niehaus (2009).

3.9 Stage 2 and 3 Design

Initially the purposes of the Stage 2 were to explore and to trial different interview designs on the basis of the findings from Stage 1. It was anticipated this could be achieved through one more additional interview. By reflecting on the interviewer experiences and findings from Interview 1 it became evident the children may struggle to complete two separate interview styles in one sitting. It was likely it would be too long and tiring for them, and potentially confusing as two opposing designs was to be implemented. As a result it was decided to trial the two different designs over two separate interviews rather than one to reduce the time demand on the children.

It was recognised the intensity of the sensitivity of topics needed to be more tentatively adopted into the interview structure. The factors that contributed to this were the recognition of the lack of understanding about the comfort levels of the participating children, and the strategies these children engaged in when they were observed to be experiencing discomfort. This influenced the decision to design the first interview to ensure it was less threatening to the children's felt security and then to evaluate the children's comfort response before trialling the second interview method. Analysis of Stage 2 prior to Stage 3 was thought to be able inform any critical changes to the second interview design prior to implementation if needed.

A review of current literature provided the different types of interview methods being used with children in care and provided examples from which to design the interview methods. These methods were examined and compared to the findings from interview 1. Conclusions were drawn from these findings and this influenced the interview designs for Stage 2 and 3 of the present study.

There were several factors drawn from the Interview 1 data which contributed to the interview designs these are included in the results discussion. On the basis of these factors two interview methods were designed.

The implementation of two interviews rather than one increased the amount of data collected. It also changed the focus of the analysis process. Multiple sets of data across the 12 sample children now included data across interviews. Comparisons were needed to investigate the differences, similarities and patterns across the children's comfort as well as the alternative interview designs.

The analytical process required for Stage 2 and 3 needed to be able to facilitate the comparison of the alternative interview designs and their effects on participant comfort. This was necessary both within the individual children's data sets and across all the children's data sets. The use of the grounded theory procedures in Stage 1 was to investigate the interviewer-participant relationship and its effects on participant comfort. This was to increase the understanding of participant comfort within the interview context.

The primary purpose for the use of the grounded theory methodology in Stage 1 was to generate some hypothetical theory about the interviewer-child interactions, and the way these related to participant comfort. This was not to be the purpose for Stage 2 and 3 of the present study. The purpose of Stage 2 and 3 was to compare the alternative interview designs in relationship to participant comfort. Data generated from Stage 2 was extensive and required comparisons within and across multiple sets of cases. This led to the decision to explore case study as an alternative and potentially more suitable methodological approach for Stage 2 and 3. Although it is accepted it was not impossible to use grounded theory procedures for comparisons across multiple sets of data, it was decided the case study approach would provide clearer strategies to achieve this type of comparison. The case study procedures would also be suitable for the use of the categories generated via the grounded theory analysis process for comparisons in Stage 2 and 3.

The iterative design of the study required the progressive refinement of the interview designs over the span of the research. This meant the data obtained at each stage needed to be practically applied to the decision making concerning the refinement of the interview designs as well as the study design. In essence, this meant there was a shift in focus from theory generation as required in Stage 1, to the need for practical application of the findings for interview and study design in Stage 2 and 3. This use of the case study methodology for Stage 2 and 3 changed the design of the present study from that of a solely qualitative design to a Mixed Method design.

3.10 Review of Methodologies at Stage 2 and 3

Methodologies which influenced the mixed method design have been recently developed and are still being refined. They are the Qualitative Description (Sandelowski, 2000b), Pragmatic Approach (Morgan, 2007), Interpretative Description (Thorne, 2008) and the Mixed Qualitative Method (Morse & Niehaus, 2009).

This phase of the design prompted the further exploration of the mixed qualitative methods described in the qualitative literature. The following examples of alternative mixed (qualitative) methods were considered.

Sandelowski (2000b) described fundamental (generic) qualitative descriptive studies as being studies that combine a variety of sampling, data collection and re-presentation procedures drawn from other methods within a single study. She suggested this as the best method to facilitate a straight forward description of complex phenomenon. In her discussion she disputed the notion depicted in quantitative research literature of description as being the least credible approach to research design. She proposed that by adhering to descriptive validity (recounting accurately what occurred) and interpretive validity (reporting accurately the meaning attributed by participants to what occurred) contributions can be valuable.

Thorne et al. (2004) presented a form of qualitative design which they refer to as interpretive description. Interpretive description is a methodological alternative intended to better respond to “experience-based questions of interest to a practice-based discipline” (Thorne et al., 2004, p.1) producing results suitable for clinical application. This approach allows the freedom to develop interpretive designs “borrowing strongly from some aspects of grounded theory, phenomenology, ethnography and naturalistic inquiry” (Thorne et al., 2004, p.6). This they refer to as a “non-categorical method” of research (p.4).

The mixed method design is systematically approached by (Morse & Niehaus, 2009) with a focus on rigorous standardisation. They describe the mixed qualitative methods in two ways. In short the *simultaneous* design uses the same sample population although the *sequential* design seeks an additional set of data from a different sample population. Morse and Niehaus (2009) identify the use of a core qualitative method with an additional qualitative method performing a supplementary role. The identified purpose of this is “to obtain two different perspectives on the same phenomenon” and “to obtain data at different levels of analysis” (Morse & Niehaus, 2009, p110).

The Stage 1 data specific to interview preference and effect, and participant comfort needed to be compared across and within the multiple data sets (child 1-12 and interviews 1-3). A best fit supplementary method needed to be identified.

At this time a set of questions were developed to provide a checking system to ensure the decisions that were being made about the present study design were based on sound theoretical and logical reasoning.

3.10.1 Decision-Making Process for Method Choices

The following decision making checklist was developed out of the identification that the grounded theory analysis tools were not the best fit for the next stage of the research process and it was likely another method would better suit the needs of the present study. The questions provided a checklist to maintain consistency of decision making regarding the integration of an alternative method over the span of the present study.

1. What are the goals of the data analysis (exploring the interviewer-child relationship or refining the interview methods)?
2. What type of data does the method suit (interviews, archival, statistical etc.)?
3. Do the data collection methods suit what is available to the present study (interviewing requiring participants or historical search of literature requiring no participants)?
4. What are the techniques of the analytical method and are they structured and robust?
5. Can the analytical techniques be implemented as designed and intended without adaptation (without threatening the rigour of the process)?
6. Do the strengths, weaknesses and analytical techniques increase or reduce the existing threats to trustworthiness specific to the study (e.g. researcher bias – maximising objectivity)?
7. What are the intended aims of the method (e.g. theory development or data comparison)?
8. How do these aims fit with the research questions and aims of the intended study?
9. How does the method fit with already implemented methods (case study techniques complement the grounded theory techniques)?
10. Does the method fit with the methodology of the study (iterative, exploratory)?
11. Are there any other methods that provide a better fit for the purposes of the research?
12. How do the philosophical foundations fit with the theoretical drive of the study, the philosophical foundations of other methods used and the overall study aims?

3.10.2 Case Study

The case study method, specifically an instrumental multiple case design as described by Stake (2005) was implemented. This was because it treated each of the children as a case and the intended purpose was to provide further insights into participant comfort and interview design (Stake, 2005). The case study analysis procedures were identified as suitable to analyse data within and across interview 1, 2 and 3 and the individual cases. The case study design facilitated the further exploration of the tentative assertions generated from the grounded theory analysis (Eisenhardt, 2002) whilst also facilitating the triangulation of data *within* the individual cases, *within* and *across* the individual children's interviews and *across* all the children's data sets (Stake, 2006).

There are debates as to whether case study is a method or a set of strategies (Tight, 2010). Within this study it was treated as a method complete with a theoretical drive and philosophical foundations. These were duly considered before the case study was included in the study. The data collection procedures were aligned to those typically associated in literature with case study designs (i.e. interviews, observations, participant report). The representation of the outcome data adopted a mix of the case study (case descriptions, case vignettes) and grounded theory (categorical and diagrammatic) styles.

Multi-case study methods are particularly suitable for an iteratively designed exploratory study (Bogdan & Biklen, 2007). The analysis process of this method consisted of investigating the similarities, differences and patterns resulting in *within* and *cross case* comparisons in relation to the research question (Eisenhardt, 2002). The case study methods were deemed able to provide a different analytical perspective of the concept of participant comfort and widen the analytical lens to include comparisons across the different interview designs. The purpose was not to develop a theory from the tentative hypotheses (about participant comfort) generated through the grounded theory analysis. It was, however, to compare and explore the multiple data sets. It was anticipated this would facilitate the identification of deviant cases or incidents within and across the multiple data sets. The aim of this analysis was to investigate the possibility of adopting better interview strategies to maximise the comfort experience of the children. Case studies provided a viable vehicle to achieve this as well as simultaneously provide opportunities for verification of factors (identified in Stage 1) contributing to participant comfort and strategies used by children to maintain comfort.

Each of the individual child participants' data sets (Interviews 1, 2 & 3) were treated like a single case. The cases were compared individually within the data set and then across the data sets (multi-cases) of all the child participants. The aim of this stage of analysis was to identify similarities, differences and patterns within the individual child participants' data sets and across all the child participants' data sets (Creswell, 2013) in relation to the research questions. The case study design allowed for opportunities for the identification of deviant cases or deviances within cases and the application of the "falsification" test as described by Flyvbjerg (2011). The falsification test states that if one case shows opposing results from another the results are less generalizable. Falsification is considered "one of the most rigorous tests to which a scientific proposition can be subjected" (Flyvbjerg, 2011, p.305). The deviant cases and the falsifications they involve are proposed by Flyvbjerg (2011) to give rise to "new concepts, variables and causal mechanisms" (p.305). He suggests they are integral to ascertaining the extent to which outcomes can be generalised to the wider population.

The case study procedures were especially useful for analysing multiple sources of information across multiple cases (Creswell, 2013) within a real-life interview context at a specific time and place (Yin, 2011). The aims of the case study model were to illustrate the unique differences that may inform unusual aspects or patterns of interviewing children in out-of-home care, and to gain an in-depth understanding of the case comparisons to enable interpretations of meaning (Creswell, 2013) in relation to the research question.

The case study procedures were used in the analysis of Interviews 1 and 2 and 3. The strategies used were: case comparisons, that is comparing the data sets within and across to identify similarities, differences or deviances and patterns (Creswell, 2013; Stake, 2000); triangulation, that is incorporating multiple data providing different perspectives (Stake, 2000); and storylines, which is a method of summing up the analysis of each case incorporating interpretations (Stake, 2000). These storylines are congruent to the storylines associated with grounded theory. The analyses were conducted by asking the following questions of the data: what factors highlight the concern of participant comfort; which cases illustrate unique, or the negative case, factors in comparison to others; and what factors are common across the cases?

The case study method has been described as being of either a post positivist or a constructivist belief set depending on the research question (Creswell, 2013). The manner in

which the case study approach was applied within the present study fits well with the pragmatic approach and hence the pragmatic paradigm (discussed further in section 3.10.3).

The theoretical drives of the case study method can be used inductively (Creswell, 2003) or as Creswell (2013) later identified in a process of moving back and forth between data in an abductive manner. The versatility of the case study analytical strategies to abductively link the data to theory for the use of practical application further reinforced the method as fitting well with the pragmatic paradigm.

Furthermore the case study method was complementary to the grounded theory method. Together they were determined to be the best fit for the present study as a whole.

3.11 Stage 4 Design

The purpose of the final stage of the present study was to validate and clarify data and obtain any additional information that could supplement the understanding of the children's comfort experience in the interview context. The information sought was not considered risky in terms of threats to the felt security of the children. This influenced the decision to combine this stage of data collection with the member checking activity and, debrief and termination of the research process. The design of Stage 4 was focused on assisting the children to come to the end of the research process.

The information elicited from the present study regarding topics related to felt security, while not the primary focus of the study, was considered extremely valuable. The decision to include these findings in the final reporting was considered valuable to the children and family participants as well as to those professionals, including researchers, who work with children in out-of-home care. This information was viewed as a fruitful outcome of the present study even though it did not necessarily address the primary research questions. The interview questions, topics, some interview interactions and the interview agendas were determined to a large extent from current literature. The children were asked to respond to predetermined topics, which had been identified from current literature as topics that are potentially threatening to felt security. It is not known if these topics had not been included in the present study whether they would have emerged from the children's discussions. The information is however considered valuable as it does tell us what children in out-of-home care think about these topics and provides indications as to how events in their lives influence their felt security.

The final sets of data and the felt security information were not analysed using either the grounded theory or case study methodologies. They were reported in a descriptive manner supplemented by an interpretative narrative. This is typical of the descriptive content analysis Sandelowski (2000b) describes in the qualitative description methodology. The additional data were treated in this way because alone these were not publishable, a criteria discussed as necessary for a supplementary methodology by Morse and Niehaus (2009). Instead, these data were considered as supplementary data to the goals of the primary research questions.

The following chapter will outline the practical application procedures of the study.

CHAPTER FOUR:

METHODS

In this chapter the practical aspects of the present study will be outlined. This has been presented in sections for clarity. The iterative nature of the present study meant each stage was completed before the next stage was started. This chapter will begin with an overview of the study in its entirety followed by the description of each stage in its fullness before outlining the following stage. The final section will outline the protocols implemented in the present study to ensure the confidence in the outcomes was maintained. The full outline of the study can be found in Appendix 1.

PART ONE: OVERVIEW

4.1 Outline of Study Design

The progressive stages of the research design are described below. The present study was conducted in four stages. Because of the iterative design each stage was developed after the analysis of the outcomes of the preceding stage.

4.1.1 Stage 1

The purpose of the Stage 1 data collection was to gain a comprehensive knowledge of the children, including characteristics, preferences and specific vulnerabilities to questioning about topics that may threaten their felt security. This was achieved through the collection of data from their caregivers and each child filled in a journal questionnaire. Further Journal Interviews were completed to expand and clarify the data from the journal questionnaires.

The Journal Interviews provided opportunities for the interviewer to engage with each child on a one to one basis about topics that had minimal likelihood of threatening their felt security. The interviews provided the opportunity for the collection of: observational data by the interviewer; child reported comfort measures; and a measure of their language capability. To create a comprehensive profile of each child all the preceding information was collated into one document: the Child Interview Profile.

Although the initial intention had been to refine the interview methods after Stage 1, the interviewer's experience of the Journal Interviews highlighted the complex nature of the

interviewer-participant interaction. These complexities were the potential of the social interaction to have an impact on the participants' comfort experience and the influence of interviewer on the participants' comfort experience. The researcher recognised although skilled for the workplace environment, working and communicating with vulnerable children on a daily basis, further skill development was needed for research interviews. Investigating this and researcher up skilling took priority over the initial intended sole focus on method refinement.

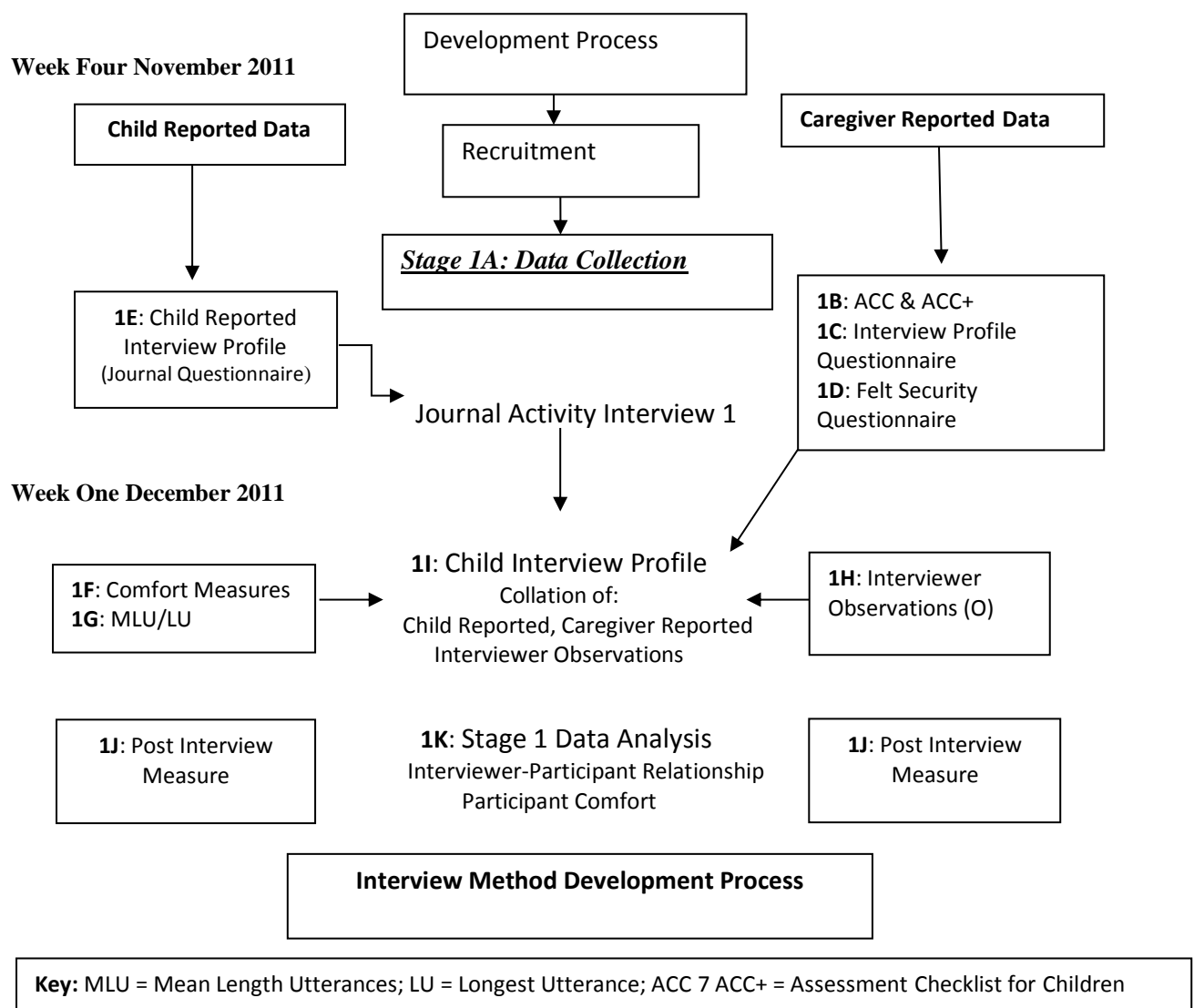


Figure 3: Stage 1 of the Research Process

The next step was to analyse the Journal Interview data with specific attention to the interviewer-participant interaction to learn which interactions better facilitated participant comfort and which ones undermined it. It was intended this information would assist with increasing the skill level of the interviewer. The procedure was chosen on the basis of which

analytical tools would provide the most useful outcomes to the refinement of the next stage of interviewing. The analysis provided far greater insights into both interviewer and participant comfort and method effectiveness than was initially anticipated.

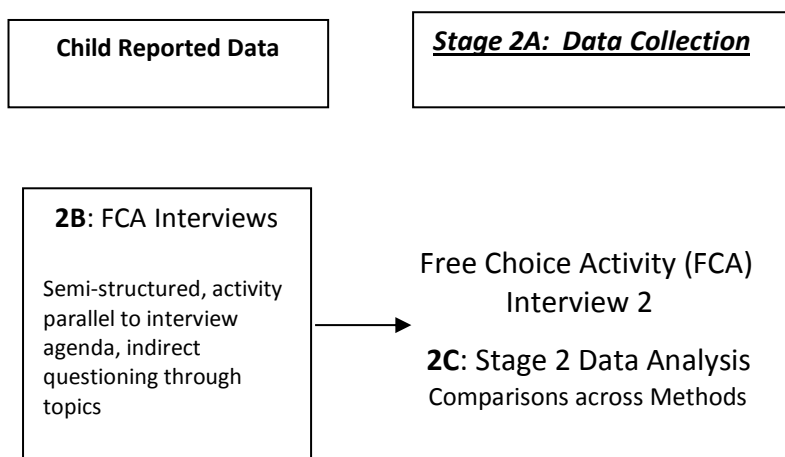
4.1.2 Post Interview Measures

The post interview measures were implemented after the initial interview to determine the effects of the interview process on the children. This was to ensure all the children were comfortable enough and wanted to proceed to the next stage of interviewing. These were obtained from both the children and the caregivers.

4.1.3 Interview Method Development Process

The interview method development process which preceded Stage 2 data collection (2A) included a critical assessment of: the Stage 1 data analysis outcomes, the individual child profile information, and the recommended interview methods identified in current child focused literature. This included the triangulation of data with the aim to increase the understanding of what factors, including interviewer skill, and interview practices influenced participant comfort. From this development process two contrasting interview methods were designed. This led to Stage 2 and 3 data collection and analysis depicted in figure 4.

Week two and three April 2012



Week two and three July 2012

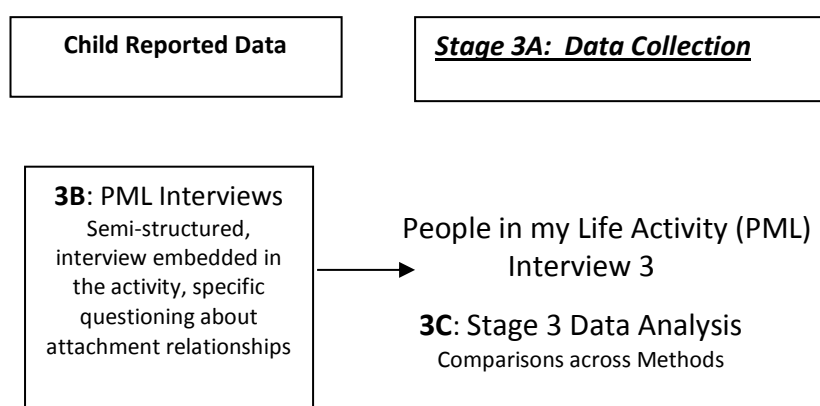


Figure 4: Stage 2 and 3 of the Research Process

4.1.4 Stage 2 and Stage 3

The first set of interviews used the Free Choice Activity (FCA) design, because the method incorporated a less direct questioning approach through the use of topics, which it was anticipated would encourage natural conversation flows. The interview activities were chosen by the children and were conducted in parallel to the interview questioning. It was anticipated children would be given more control over the interview activities and content within this design. It was anticipated this design would present an increased risk to threats of felt security than the Journal Interview yet less risk than the following People in my Life Activity (PML) design.

The PML interview design incorporated a direct style of questioning about children's attachment relationships. The interview agenda was embedded in the activity thus restricting children's sense of choice and control over the interview process. The direct questioning of attachment relationships, the lack of parallel activities and the reduced participant choice/control was anticipated to increase the risk of threats to participant's felt security during the interview process.

The Stage 2 and 3 data analysis included case comparisons (similarities, differences and potential patterns) across the children and the methods. Each of the children's data sets was treated as an individual case. This allowed for comparisons to be made *within* each of the children's data sets (Interview1, 2 and 3, comfort measures, language measures, and interviewer observations) and *across* all the children's (multiple) data sets.

4.1.5 Stage 4

The final stage of data collection was developed for three purposes (see Figure 5 below). The first purpose was to check the accuracy of the researcher's outcome interpretations with the (child) participants. The second purpose was to gather evaluative data (such as interviewer characteristic, setting and activity preferences) and to clarify aspects that had remained unclear (such as sensitivity to the recorder). The final purpose was to use the time for closure and debrief for both the children and the caregivers.

The member checking was conducted by checking with participants for their agreement to the individual items listed on the outcome summary. The evaluation activity was conducted through the use of a post-box activity.

Week one and two August 2012

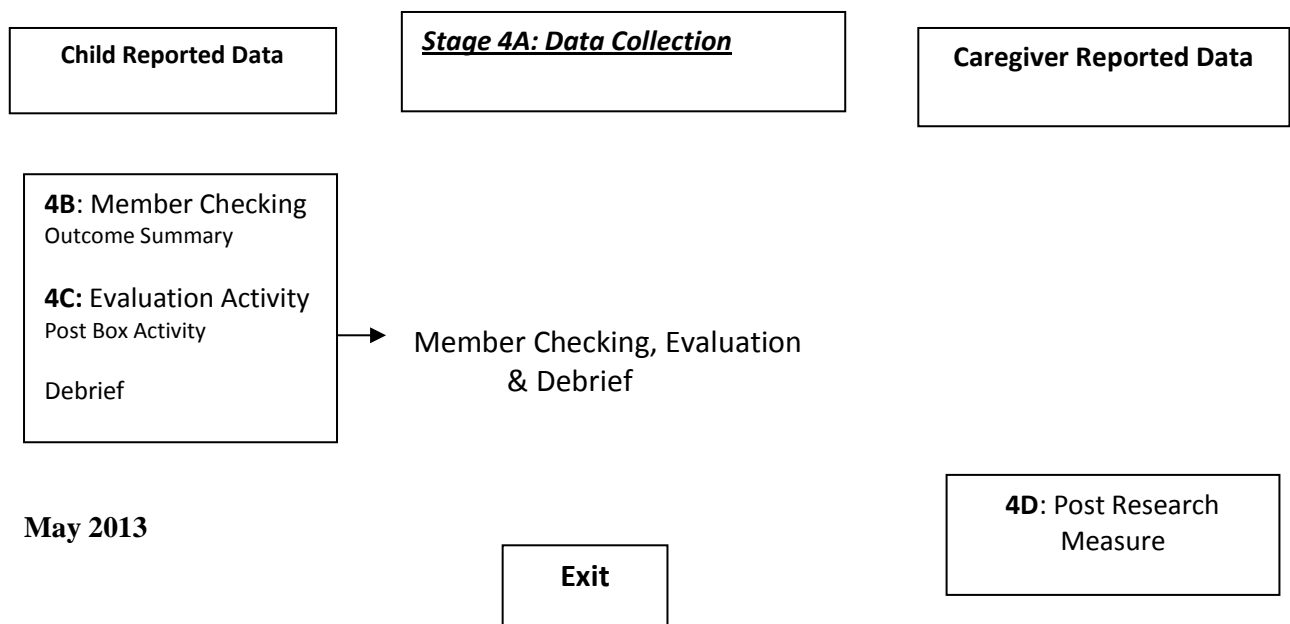


Figure 5: Stage 4 of the Research Process

4.1.6 Post Research Measures

A final post interview measure was conducted with only the caregivers to assess the long-term impact of the present study on their children. It was decided only the caregivers would be approached for this information to reduce the risk of children becoming confused by a blurred exit and becoming re-engaged in the research process.

4.2 Ethics

Application was made to the University of Canterbury Human Ethics Committee and was approved (Ref: HEC 2011/104).

To ensure rights of Maori tamariki were protected within the present study a copy of a Study Protocol and/or Ethics Application was provided to the Kaumatua for Te Puna Whaiora Glenelg Children's Health Camp (Chairman of Te Runanga O Nga Maata Waka - Nga Hau E Wha Marae) for approval. This provided opportunities for the Kaumatua to advise any tikanga needing to be observed with their tamariki and honour obligations under Tiriti O Waitangi. No specific needs were identified by the Kaumatua.

Only those caregivers who held parental responsibility rights for the child study participants were approached for recruitment so consent would not be required from Child, Youth and Family (CYF). No further approvals were required from any other sources.

4.3 Consents

Consents were obtained from the child and caregiver. A child friendly version of the research information was provided to the child. The child's understanding of the research information was checked at the initial visit.

Only caregivers that had parental responsibility (guardianship) rights were included in the present study therefore consents from CYF were not required. One set of siblings, however, who were later found to be under CYF guardianship, were included in the present study as the caregiver presented them with the research information which was provided for their cousin living in her care. The children wanted to be involved in the research and the caregiver advised CYF as she had shared guardianship that she wanted to make the decision to involve them. She identified she felt it was unfair for the cousin to be involved in the research and not the other two children. This was then approved by the CYF social worker. The researcher became aware of the situation in discussion with the caregiver on the final visit to the home^{viii}.

4.4 Participants and Sampling

Children's Healthcamps, which were renamed Stand Children Services, have a contract with the MSD to run week long camps (Kidzacool Adventures) for children in kinship care. These began in 2010 and were being implemented throughout all New Zealand health-camps. All caregivers who hold guardianship rights and their children that had attended the Christchurch

camps were contacted by letter, with a research contact form attached. This was sent by staff at the Children's Health camps. Those who volunteered to participate and who were not in CYF care or guardianship were included in the research. There was no restriction on the age of the children. Although the age of the children who have attended the Kidzacool camps are between 5 years to 14 years, younger siblings were welcome to participate if they were interested. They were, however, not actively sought by the researcher. None of the responding families had children less than 5 years of age, and hence the participating children were all over 5 years and under 12 years of age.

The sampling procedures used within a study are important in determining the quality and applicability of outcomes of a study (Devers & Frankel, 2000). The sampling procedure most often associated to qualitative research (Devers & Frankel, 2000) and used in the present study, grounded theory and case study, is purposive. Generally speaking this means the sample population is sought specifically with the research question in mind (Devers & Frankel, 2000). This was achieved within the present study by recruiting a sample that could provide information relevant to children in kinship care. The "ideal" sample would be a broad group of children representing a diverse range of: gender, age, ethnicity, psychosocial challenges, pre-care and in-care experiences and living in the care of their kin. Because there were constraints on the number of participants available from the Kidzacool camps, all participants that were willing to be involved in the study were included. Although this deviates slightly from a purposive sampling procedure the resulting convenience sample of 12 children and 7 caregivers met the needs of the research question and provided a suitably diverse sample.

4.5 Recruitment

Caregivers were advised of the proposed Research Project through a "Contact Form" being attached to an "Introduction Letter" (which introduced the researcher) and a copy of the "Research Information" (adult version and child version) from the Children's Health camps. This contact form described: the nature of the project, their participation and withdrawal rights, and that the project was voluntary. It also advised the choice to participate (or not) would in no way affect their child's access to future services. By requesting the prospective participants respond back to the researcher it ensured that those who chose to participate were kept confidential, which helps reassure those who do not participate that their access to services will be unaffected. The contact form advised them a staff member from the

children's health camps would telephone the caregiver ten days after sending the letter as a reminder only. This was not necessary because enough potential participants returned the contact forms or made contact with the researcher. The contact form provided the researcher's contact details and informed the caregiver that the researcher would contact them if they had sent back the signed contact form with their details. At this time the caregiver was again able to opt out of the research project. After contact an initial visit time was arranged to suit the caregiver to facilitate the completion of the Child Interview Profile questionnaire, and consents, and to meet with the child participant. The caregiver was offered their choice of setting for the initial visit: their home, the University of Canterbury Health Sciences Clinic, or any other setting suggested by the participant. Responses were received from seven caregivers with twelve children and all of these were included in the research project^{ix}.

4.6 Incentive

At the end of the final child contact session, as a thank you, each child was given a ten dollar The Warehouse voucher with their name on it, and a certificate of excellence for their participation in the study. During visit times a small bottle of water and small snack was offered to the child, and this was cleared with the caregiver beforehand.

4.7 Study Measures

The Stage 1 measures used in the present study were designed to elicit as much information as possible about the child to inform the Child Interview Profile. Multiple sources of data were accessed to increase the trustworthiness of the data (Shenton, 2004). The aim of the research methodologies used in the present study, were to facilitate collaborative relationships with both the caregivers and the child participants, so that the child would feel comfortable throughout the research process, especially during the interviews. This is reflected by Irwin & Johnson, 2005 who reported the following from their experience of interviewing children:

We found that if the form of play did not match the needs of the child, barriers to rapport building were created. For example, some children found it taxing to draw pictures and answer questions at the same time. Separating these activities, however, created a time-consuming interview process that further taxed the child. Strategies that can facilitate the development of a working relationship, enhance rapport, and possibly improve the quality of the data collected include: (a) working with parents to learn about how the child prefers to interact and what might facilitate his or her comfort in an

interview context; (b) using one or several pre-meetings to get to know the child before the research study begins; and (c) incorporating the use of multiple interviews, so that the needs of the child can be respected (pp. 824, 825).

Krähenbühl and Blades (2006) identify the necessity of comfort for the child and suggest training the child in interview protocols prior to the interview can assist this.

The training element has the purpose of putting the child at their ease, to enable the child to become accustomed to speaking and answering questions and to set down 'ground rules' concerning telling the truth, saying if they 'don't know' and encouraging full explanations. Training may also take place prior to the interview with discussion of a neutral topic (p.32).

Hence interviewing practice was incorporated into the methodology when appropriate; this was so with the comfort measures (see section 4.8.4).

4.7.1 Pilot of Interview Models

All these measures were piloted prior to use in the present study with family, friends or children with similar backgrounds with the permission of their caregivers and the children.

Seven children were approached at times during the research process to trial different protocols or tools. The seven were: a 4 year old girl, who was bilingual in Indian and English; an 11 year old girl with disrupted care from 2 months old, who was living with her birth mother temporarily; three siblings in the care of their father and mother; and a 12 year old boy in the care of his grandparents. Their comments were listened to, reflected on and alterations were made if deemed appropriate. In the main this resulted in changes to the language used to make it more understandable for children.

PART TWO: STAGE ONE MEASURE AND PROCEDURES

4.8 Stage 1 Measures

Below the measures and their purposes are described. Some of the measures used in the present study were used across different stages of the study. These included the interviewer observations, the mean length utterances (MLU) and the comfort measures.

4.8.1 Mental Health Measures

A range of behavioural, emotional and relationship difficulties that are specifically manifested by children within care were measured from a caregiver-report mental health checklist (Tarren-Sweeney, 2007b). These difficulties were considered to be likely markers for a number of psychosocial developmental factors that influence the ways in which children in care perceive and respond to interviewers and the interview process. These factors were also likely to influence the ways in which children view themselves in relation to the setting and others. It is anticipated these factors will be likely to have an impact on their participation, enjoyment, comfort levels and therefore their experiences of the interview process.

The Assessment Checklist for Children (ACC) developed by (Tarren-Sweeney (2007b) is “120-item carer-report psychiatric rating instrument, measuring behaviours, emotional states, traits and manners of relating to others” (Tarren-Sweeney, 2007a, p. 672). This makes the ACC measure especially attuned to use in the present study and provides descriptive data about the child participants. A short form version of this checklist was provided by Tarren-Sweeney (2007b) and used in the present study. It was anticipated this would assist in the identification of whether general patterns existed in relation to mental health traits in child participants and interview method preferences or engagement and interview comfort in relation to sensitivity. It provided the researcher with information regarding specific complex behaviours, mental health risks or possible cognitive/functional limitations. It is acknowledged that as sample numbers are small (at 7 caregivers and 12 children) statistical predictions are unable to be formulated to provide possible causal data. Even so, the use of this measure facilitated the comprehensive description of child characteristics, which facilitated a more comprehensive understanding of the child prior to interviewing and contributed to the interpretation phase of analysis.

The ACC+ is developed also by Tarren-Sweeney (2007b). The ACC+ is a checklist which is a supplementary, strengths focused checklist designed for use in conjunction with the ACC checklist. Its purpose is to identify emerging signs of recovery. The ACC+ is designed to be responsive to subtle improvements which may manifest concurrently with difficulties measured by the ACC.

The ACC and the ACC+ data were collected from the caregiver on the first visit to the home. A short form version of the ACC was completed as the full ACC included behaviour

indicators that were deemed irrelevant to the present study (specifically the suicide discourse items and some sexual behaviour items). The ACC and ACC+ provided data to assist in the description of the sample and supplemented interpretation of data. Both the ACC and the ACC+ were helpful in providing comparative data in relation to mental health and childrens interview and comfort experiences.

Table 1: Mental Health difficulties measured by the ACC scales

Scales

Sexual behaviour

Pseudo-mature interpersonal behaviour

Non-reciprocal interpersonal behaviour

Indiscriminate interpersonal behaviour

Insecure interpersonal behaviour

Anxious–distrustful

Abnormal pain response

Food maintenance

Self-injury

Self-esteem scales

Negative self-image

Low confidence

4.8.2 Caregiver Reported Child Interview Profile Questionnaire

This questionnaire was specifically designed for the present study by the researcher. The aim of this questionnaire was to aide discussion between the interviewer and the caregiver to provide information to predetermine the child factors which may increase or decrease child sensitivity, identify child method preferences and promote comfort for the child prior to and during interviewing (see Irwin & Johnson, 2005). The questionnaire was intended to increase knowledge of the child’s likes, dislikes, concerns and such like, and reduce the likelihood of enforcing methodologies on children without knowing how they were likely to react. In this sense the questionnaire was used as an information gathering aid to facilitate an increased

understanding of the child prior to interviewing. The development of a caregiver reported Child Interview Profile from the information provided by the questionnaires was anticipated to maximise comfort levels of children in kinship care throughout the interviewing process by increasing the interviewer's knowledge of the children prior to the interviews.

4.8.3 Caregiver reported Child Felt Security Questionnaire

This questionnaire was specifically designed for the present study by the researcher. It was developed based on existing literature regarding settings and contexts suggested to affect the felt security levels of children in care. This questionnaire was anticipated to assist in the identification and description of the caregiver reported attributes of felt security among the sample of children and identify factors associated with their felt security prior to interviewing.

4.8.4 Comfort Measures

The present study is designed to measure children's comfort levels when being questioned using tools designed to measure their felt security. This is a complex matter, such that in doing this the children's felt security may be threatened by the very act of interviewing them. Although felt security is not completely synonymous with psychological comfort it was identified as a suitable construct to identify children's potential felt insecurity about being questioned. The reasons for this are firstly, there may be explanations other than feelings of insecurity for children feeling uncomfortable, yet it is reasonable to assume that when children have felt insecurity they are likely to feel uncomfortable. Secondly, from a theoretical understanding of pre-care development and psychosocial effects of care, children in care are particularly prone to interpreting information in a ways that affect their felt security. The comfort measure used in the present study was therefore a tool designed to measure children's comfort levels, which may or may not be attributed to their felt security.

The comfort measure was specifically designed for the present study by the researcher to allow children to self-report their feelings of comfort during the interviews. Comfort is a complex phenomenon and can be influenced by many factors including: "posture, temperature, pressure, health, environment, physiological, psychological and task factors" (Pearson, 2009, p. 303). Careful consideration was given to the design of the comfort measure in respect of the colours and textures. Common colours like black and white were used.

The use and description of the word comfort became an area of contention when designing a training script for children in the use of the comfort measure. It was decided to not use the word comfort as this could be confused by the child when asked if they were comfortable. It would be easy to confuse whether the child is responding from a physical or a psychological stance. The alternative wording used was *worry* and *happy*.

The comfort tool was designed to incorporate as many of the child's senses as possible to provide an easy measure for the children to use. It was big enough to be visible, to pick up easily and move and had a stick-able surface to enable children to place stickers or Blu tack onto the surface and then remove. The comfort measure was modelled on other forms of comfort measurement identified in literature (see Pearson, 2009) The Wong-Baker faces (Wong & Baker, 1983) were designed for children under medical care to identify their level of physical comfort. Because of the lack of comfort measures specifically designed to measure psychological comfort the Wong-Baker faces provided the best comfort measure available. Although evidence of validity is limited the Wong-Baker faces have been used successfully in other studies. This exposed the present study to the same limited information on validity of the comfort measure. The present study provided opportunities to test and refine the comfort measure specifically in relation to psychological comfort opposed to physical comfort.

Rather than use Wong-Baker face charts it was decided that physical faces would be made to allow children to handle them physically and manipulate them. They provided a measurement tool that was not reliant on vocalisation or comprehension. Blu tack was provided to place on the circle of the child's choice to increase the tactile appeal of the measure (see Figure 6 below).

The training script which accompanied the comfort measure provided the child participants examples of the different *worry* or *happy* sized circles and then provided opportunities for them to identify their own real life examples. The children were trained in and practiced the use of the comfort measure at the end of the initial visit and the start of the Journal Interview, and each subsequent visit. Practice examples provided a means for the researcher to check if the children understood the purpose and correct use of the measure through their responses, if they were using it in a consistent manner, and to allow the child to become comfortable with the measure before use as a measurement tool.

The comfort measure was used to allow children to indicate their levels of comfort or worry throughout the interview process. If a level of worry were indicated the child was asked if they wished to proceed with the interview. Actions, as informed by the Child Interview Profile, were to be taken by the researcher to restore the comfort levels of the child before asking if they wished to continue. If they did not wish to continue the interview process was stopped. A STOP card was provided and explained to the children to allow the child participant to stop without the need to verbalise (see Singer et al., 2004).

The comfort measure was used at the beginning, end and at various times throughout the interview session. It was used specifically if the interviewer perceived through the observation of the child's body language or tone that the child may be uncomfortable. The child was advised they could ask to use the comfort measure at any during an interview.

The Comfort Measure consisted of six cardboard circles (1x large white, 1x large black, 1x medium white, 1x medium black, 1x small white, 1x small black). The white circles represented *happy*; and the black represented *worried*. The different sizes represented the intensity of the feeling and provided opportunities to further discuss the feeling. For example: "Why is it a big happy and not a small happy" or "why is it a small worry and not a big worry? What would make it a big happy?" A large white person shape was included to enable children to place Blu tack onto indicate where they felt *happy* or *worry*.

Two cans were initially included (1x white, 1x black) and marbles. The black can was for *worry* and the white can for *happy*. The child would then place however many marbles they felt indicated the intensity of the emotion (2 for small, 4 for medium and 6 for big). This was intended to provide a checking system for consistency of the comfort reporting. That is did the children indicate the same emotion on both the comfort circles as they did with the cans and marbles. These were dropped after the Journal Interview as child participants became confused by the idea that they were measuring the same thing as the comfort circles.

The comfort circles were modified for the Free Choice Activities (FCA – Interview 2) to widen the range of the emotions. This was because one child reported feeling happy at the end of Interview 1 yet during the discussion at the end, revealed he was happy because he was relieved the interview was over. The extended range of emotions included were the other emotions children had reported to during the Journal Interviews. This provided the advantage

that the children could contribute to the development of the measure keeping the language consistent with language children are familiar with and understand.

Emotions were extended to include, sad, angry, relief and a circle that could be any other emotion they chose. The circles were different colours and had faces put on them because of the increased number to avoid confusion (refer to Figure 6 below).



Figure 6: Comfort Measure & Withdrawal Card



Figure 7: FCA Interview - Girls Craft Activities

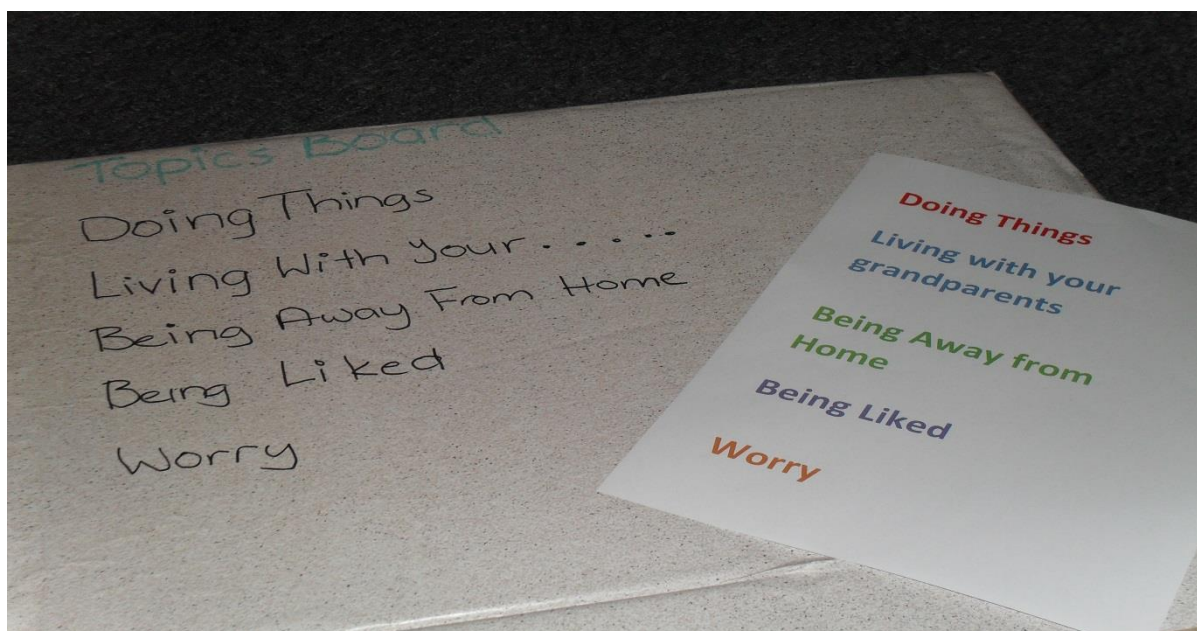


Figure 8: FCA Interview - Topic Board



Figure 9: People Puppets



Figure 10: Animal Puppets



Figure 11: PML Activity



Figure 12: Toy Castle and Laptop Computer



Figure 13: Post-box Activity

4.8.5 Mean Length Utterance/ Longest Utterance

The MLU measure was used to establish the language competence of the child participant. The MLU is considered to be the “global measure of expressive language ability” (Dethorne, Johnson, & Loeb, 2005, p. 646). The number of words uttered was counted for the entire interview and then a mean was calculated. The longest utterance (LU) was identified and the number of words was counted to give a LU number. These were used to provide an idea of each child participant’s language competence (Dethorne et al., 2005).

The use of the MLU and LU expanded from identifying language competence to exploring its use as a supplement to the comfort measure. This was achieved exploring any MLU patterns in relation to child reported comfort. This was instigated to explore whether the MLU or LU could be used to identify the level of comfort that was experienced by the child participants during the interviews. MLUs were sometimes calculated within specific cases to compare the differences of MLUs for differing activities within an individual case. This facilitated method comparisons.

Interview Duration times were noted to facilitate comparison of participant engagement across interviews.

4.8.6 Child Observation Checklist

This checklist was specifically designed for this study by the researcher. The observation checklist was used prior to engaging with the child, at the first home visit with the caregiver, to assess the level of sensitivity of the child in response to an unfamiliar adult and context. This measure was also used throughout the interview process to supplement the Comfort Measure data. The observation checklist was completed by the researcher during the interviews and in the initial meeting with the caregiver and child participant. The criteria for observation were drawn from the literature on shyness and social anxiety (Asendorpf, 1991; Fernqvist, 2010). This literature provided helpful criteria upon which to identify the observational signs of felt insecurity common to children in out-of-home care. These criteria were as follows: approach, approach/avoidance, withdrawal; vocalisations, vocal volume, eye contact, freezing (trancelike/disassociation), nonresponsive (inattentive), fidgeting, (dis)engagement, and other. Space was left on the observation checklist for any other relevant information regarding the child participants’ comfort. If the child made any overt statement regarding their comfort this was added to the observation checklist^x.

4.8.7 Semi Structured Child Interviews

The following provides a general description of the interviews and the ways in which they were implemented within the present study. A full description is provided under the appropriate Stage 1, 2 and 3 descriptions.

The interviews were conducted with the children in three stages. These interviews were audio taped, transcribed and analysed. These included the Journal Interviews (Interview 1), the Free Choice Activity Interviews (Interview 2) and the People in My Life Activity Interviews (Interview 3). An Evaluation Session was conducted on the final visit but this was not audio taped or transcribed as the data was in the form of checklists. A red STOP card was available to the children for all interviews and discussed prior to all interviews. All interview activities were presented as optional for the children to participate in. The interview formats were progressively refined and designed over the span of the present study in an iterative process. Each of the interviews were analysed then outcome data was used to inform the development of the following interview stage. The interviews were designed to progressively introduce questioning that had the potential to threaten the children's felt security.

4.8.8 Working with the Data

The software program Nvivo was used to store the data for each individual child. The Nvivo program made it possible to easily identify, categorise and save the interview data. The program allowed the data to be easily compared and manipulated across individual cases.

To ensure the outcome accurately represent the data that was generated within the present study the following criteria were incorporated into the data collection and analysis procedures.

4.9 Stage 1 Interview Design

4.9.1 Journal Activity and Child Reported Interview Profile

The journal activity was designed by the researcher for use in the present study and was intended to replicate a survey design such as those sometimes used in research with children in out-of-home care (see 2011 Views of children and young people in foster care survey: Overview and selected findings, 2012). The questions reflected the questions used in the caregiver reported Child Interview Profile Questionnaire. The format was designed to be colourful with pictures which could be easily understood and completed by children of all ages and competencies (although for some the questions needed to be read out to them).

The journal, in both electronic and hardcopy format, was given to the child on the initial visit and was optional for them to complete. It was designed for completion over the week but all the children chose to complete it in one sitting.

The journal gave the researcher insights and enabled the child to: share their own experiences without being put on the spot, provide them freedom to share only what they felt comfortable sharing, express themselves with a low need for vocalisation, have control over the medium through which they wished to share, and that they were confident in (drawing, writing, cut and paste, poems, stories). It provided them with something they were proud to share with the researcher and was able to serve as a prop or prompt for the later interview. The journal activity was left with the participant and they were able to choose from a book of stickers to use to decorate their journal with and could also include drawings, writing, poetry, magazine pictures and cartoons if they wished. For those who had access to a computer completing an electronic version of the journal was also an option.

For all the interviews the topics and methods of data collection were drawn from existing literature exploring children's perceptions in care (see Greene & Hogan, 2005; Hemming, 2008; Holland, Renold, Ross, & Hillman, 2010; Irwin & Johnson, 2005; McAuley, 1996; Messiou, 2008; Punch, 2002). It was intended the child would retain ownership of the journal activity and they were advised this on the researcher's return.

4.9.2 Journal Questions

- What are the best things about being me?
- What are some of the not so good things about being me?
- Colour in the stars of the things you like best to do? Choices were offered as follows; writing, drawing, talking, worksheets, puppets, computers, other things (5 stars = *like the best*, no stars = *don't like at all*).
- When I get worried it makes me When I get worried it makes me do.....
- When I get worried it makes my..., (example my body shakes).
- Draw a star on the body where you feel it when you are worried.
- What do you like about talking to a grown up?
- What makes me worried when talking to a grown up?
- What do you think grown-ups should know about you?

- The questions grown-ups should ask to understand what things are like for you?
Questions to ask and Questions not to ask.
- My three wishes.
- Anything else I would like to share.

The journals were designed with much colour, text boxes and graphics to look visually appealing. The computer version was created in the paint programme and children could type or draw anywhere on the document. The journals were used as a prompt for the Journal Interview. These interviews were audio taped, then transcribed for analysis.

4.9.3 Post-Interview Measure

There were two post interview measures; one for the caregiver, and one for the child. These were designed to be completed over the telephone and were conducted two months after Interview 1. The questions were as follows:

Caregiver Report: How was your child feeling when I left after the interview?

How are they feeling now?

Do they wish to still continue with the next interviews?

Child Report: How were you feeling when I left after the interview?

How are you feeling now?

Do you still wish to continue with the next interviews?

The purpose of conducting the post interview was to establish if the child was comfortable enough and wanted to continue with following interview sessions. It also served as a check to ensure the process was not causing or likely to cause the child distress and possible short or long term psychological harm.

4.10 Stage 1 Data Collection Procedures

The times for each visit were made by telephone when the researcher had completed the transcriptions and data analysis for each stage of the research process.

For every visit the interviewer took a small bottle of water and bag of chips for the child and a packet of biscuits for the caregivers. This had been discussed at the first visit to establish if it was culturally appropriate for each family. All families expressed that were okay about this.

Prior to each interview stage an interview protocol and script was written and followed at the interview. This was photocopied and placed in a folder with any written research tools. An

interview checklist was also kept in the folder and was completed prior to any interview, including: privacy and confidentiality terms reviewed, withdrawal rights advised, recording consent, confidentiality issues, and the opportunity to ask questions. On the final evaluation meeting interviewer contact details was provided and an opportunity to ask any questions.

At the start of each interview the interviewer went over the checklist and reconfirmed with child participant their consent to participate in the research. This resulted in a process of on-going consent throughout the research process.

4.10.1 Initial Visit

1. The caregivers were telephoned and a time was organized to meet them with the child.
2. A visit occurred in the family home for all child participants. Some of the visit times were worked around school hours and other caregivers wanted to have the child come home early from school (especially some of the visits that required the researcher to visit out of town and if there were more than one child to meet).
3. The first visit included further explanation of the research purpose and process, the caregiver completing the consent forms and Caregiver Reported Interview Profile Questionnaire and explaining the Journal Activity to the child. The completion of the Caregiver Reported Interview Profile Questionnaire was recorded with an audio device. The children were provided an opportunity to play with the audio device and practice recording their own voice. These first visits were often full of disruptions and were very informal. Often the caregivers took this time to discuss a lot of historical information about the child. The Caregiver Reported Felt Security Questionnaire was explained and left with the caregiver for completion. Emphasis was placed on not allowing the child to participate with its completion because of sensitive issues.
4. A child Observation Checklist was completed during this visit. Field notes were added to this once the interviewer left the home setting. This was to capture any anomalies that may have occurred over the entire visit. It provided data that came arose from the interviewer's reflections after the interview process. It provided insights from the interviewer's perceptive of the interview in its entirety. These field notes provided data to ensure accurate interview recall. They captured aspects of the research process that may have not occurred at the time of the interview (e.g. the child accompanying the interviewer to the car, how the child reacted to the arrival of the

interviewer). The field notes were used to supplement and often cross check the transcript data during analysis the interviewer-participant relationship and the interview in its entirety.

5. The initial visit occurred in the last week of November 2011.

4.10.2 Journal Interview Procedures

1. The second visit included a time for the caregiver to discuss the Caregiver Reported Felt Security Questionnaire. This discussion was recorded on an audio device. Every effort was made to conduct the caregiver interviews without the presence of the child. In some cases this was unavoidable and the child was present in the house. It was often out of the control of the researcher to avoid constant interruptions from siblings (other children) or visitors. In these cases conversations were carefully monitored to avoid sensitive or upsetting information to be overheard by the child or siblings.
2. The child participant was then trained in the use of the Comfort Measure and the STOP card. If there were siblings they were asked if they wanted to be trained together (one group out of three sibling groups opted for this). If they chose this option the interviewer checked individually for understanding prior to their interview.
3. The second visit also included the child interviews of their journals. Consent was reconfirmed and the process of the interview restated. Permission for recording was gained verbally and all interviews were audio recorded.
4. The Caregiver Reported Interview Profile Questionnaire data, audio recordings, observational data and Children's Completed Journals were used to develop a Child Interview Profile. Additional interviewing notes were added to the bottom of the Child Interview Profiles for future reference. Additional notes included child's communication style, mental health diagnosis and the like. All the data from the Caregiver Reported Felt Security Questionnaires was transcribed into a Microsoft Access Database.
5. The audio recordings were listened to three times to ensure all information critical to effective design of the next interviews was included. The audio recordings were transcribed. If there were conflicting information between the information from the child and the caregiver reports both were deemed important and the interview profile was noted with both. The audio recordings were then listened to again, this time to gather data relevant to felt security literature. Interviewing notes were kept recording any data of interest including felt security relevance, items helpful to the design of the

next interviews, points children made about research design and any data that was unusual or interesting.

6. The observational data and the Comfort Measure data were written onto a recording sheet for analysis. It was decided at this time that the recording sheet was inadequate as it was messy and hard to follow during analysis. This was refined by taking the labels off the sheets which restricted the way the information was recorded. This allowed the information to be recorded more accurately.
7. Transcripts were completed for the initial journal (child) interview audio recordings only. The audio recordings were of the Journal Interviews that were conducted on the second visit to the home. It was anticipated at the outset of the data collection the Caregiver Interview Profile Questionnaire recording would be transcribed and the audio transcripts were to be coded from the viewpoint of the caregiver, the interviewer and the child separately. This was not pursued because of limited time and resources. The caregiver interviews were not transcribed instead they were listened to whilst completing the Child Interview Profiles. This allowed any relevant data reported by the caregivers to be added to the profiles.
8. The (journal) interviews were conducted in the first week of December 2011, one week after the initial visit.

4.10.3 Post Interview Procedures

1. The caregivers were phoned by the researcher, two months after (Journal) Interview 1.
2. The caregivers were asked the questions on the post interview measure.
3. The caregiver was asked if the children were there and if they could be asked the same questions.
4. The children were asked the questions on the post interview measure. Their feelings were presented in the same format as the comfort measure. "Remember the feelings circles which one shows best how you were feeling (when I left) and (now)?"
5. The post interview measures were obtained in the last week of February 2012, two months after the Interview 1.

4.11 Stage 1 Data Analysis Procedures

4.11.1 Compilation of Data for Child Interview Profiles

1. The Child Interview Profile template was designed.

2. The individual caregiver and child interview audio recordings, caregiver reported questionnaires, completed journal, observational data and field notes were triangulated to form a comprehensive profile of each child. This included: preferred activities, topics of interest, signs of anxiety, potentially distressing topics, signs of distress, calming strategies, additional information, design recommendations and any other important comments.
3. As relevant information emerged it was added to the templates. The audio recordings were constantly listened to referring back to any additional emerging data was to check for accuracy.
4. The interview profiles contributed to any required modifications to the next set of interviews and noted calming strategies already used by the individual child for reference in the following interviews should the child become upset.

4.11.2 Analysis Procedures for Journal Interviews

1. The audio recording of the Journal Interview was listened to immediately after the interview and field notes were added to at this time.
2. The audio recordings were transcribed and added to Nvivo . A PDF version of the completed journal and field notes were stored in Nvivo also. The transcripts were checked against the audios for accuracy and to note for relevant information (this included but was not restricted to changes in tone which could have indicated a meaning of the word e.g. question or statement, change in nature of laugh from loud to nervous giggle). These notes were placed in brackets alongside the utterance.
3. MLU, LU were calculated for each transcript.

4.11.3 The Grounded Theory Analysis Procedures

1. Each of the individual child participant's transcripts (of the Journal Interviews) was added to an individual Nvivo project. The individual transcripts, field notes and any other relevant data from the Journal Interviews were loaded onto Nvivo.
2. Line by line the transcript was coded with subcategories describing either the participant or the interviewer response. These subcategories were determined by identifying a descriptor phrase of the interaction or response of either the interviewer or the child (e.g. child diverts from interview, child does not answer, interviewer interrupts). This resulted in numerous subcategories.

3. Once all of the individual transcripts had been coded with subcategories the individual participant's subcategories were placed in a table to compare these across all the child participants' subcategories. They were put into separate headings "interviewer's response" and the "child participant's responses" and "any others" for responses that did not fit cleanly into either one. This facilitated the identification of categories and larger significant interactions that may have occurred repetitively throughout the interview.
4. A memo was written to summarise the researcher's reflections on the possible ways in which the subcategories influenced the whole interview interaction and was added beneath the Coding Table.
5. Recommendations of ways the interviewer could improve in skill or method were then added in bold to the bottom of the memo. The information in the memo was then compared to the information which had been compiled onto the Interview Profiles for the each of the participants. They were compared for similarities, differences, patterns and for any additional information which could be used to inform subsequent interview procedures and processes.
6. Once categories had been identified the subcategories were placed into the appropriate category on the Nvivo program. This allowed for the identification of the central categories of participant and interviewer comfort (Corbin & Strauss, 2008; Strauss & Corbin, 1998). At this time the categories were refined through the application of definitions. These definitions were recorded.
7. From this a story line could be developed to integrate the categories into a hypothesis about the relationship between the categories and the central category (i.e. child characteristics and participant comfort).
8. A diagram was constructed within the Nvivo program to illustrate the categories which appeared to contribute to the interviewer comfort and child participant comfort.
9. A storyline was developed from these diagrams.
10. Significant interactions emerged for some of the child participants which were collated for comparison across all the child participants.

4.11.4 ACC Measure

1. The ACC profile sheets were completed to provide the ACC-SF Clinical Scale scores.

2. The total clinical scores were calculated. Children's scores were assessed to be within the clinical range if they were 13 or greater than 88; borderline if they were 11 or 12; and within the normal range if 0 to 10.
3. The Self Esteem Scales were completed to establish the total clinical score for self-esteem. Scores were assessed to be in the clinical range if they were higher than 27; they were assessed as borderline if they fell between 21 and 26; and were assessed as within the normal range if they fell between 0 and 20.

4.11.5 Post Interview Data Analysis

The post interview analysis at this point of the research project consisted of a comparison of this data to the data that had been collated for the individual Child Interview Profiles. Any further relevant information regarding child comfort or felt security was noted.

PART THREE: STAGE TWO MEASURES AND PROCEDURES

4.12 Stage 2 Interview Design

4.12.1 Free Choice Activity Interview

The activities made available for the free choice activity were any activities identified by the child participants in their journal. These activities included: magazines, toys, craft activities, sticker books, sock puppets and a laptop. Plasticine was added as all the child participants enjoyed the blue tack and had used it for modelling and building in the Journal Interviews^{xi}.

A large topic board was placed within the child participant's sight. The topics board was included as there was a concern the child participants may not feel they were being interviewed, and this was deemed unethical. The topics included on the board were based on literature identified occurrences that had been identified as possible threats to felt security. The topics were intentionally broad to allow the child participant freedom to discuss the topic in any way they wished. The topics placed on the board were: Doing Things, Living with your Grandparents, Being Away from Home, Being Liked and Worry. Some prompt questions were prepared to support the flow of conversation, and these are listed in table 2.

Once each of the topics was completed the child chose a sticker to place on the board to indicate it was finished. This was included because all the child participants had enjoyed the stickers in Interview 1. The topic order was chosen by the child and this was recorded. Any

reasons given for the order choice were noted. These interviews were audio taped and transcribed for analysis.

Table 2: Topics and Questions for FCA Interview

Doing Things	Living with your Grandparents	Being Away from Home	Being Liked	Worry
<p>How do you feel when you have to do things for yourself, or do things on your own, without a grownup helping you?</p> <p>Do you find it easier to try new things if you have a particular grownup with you? Which grown-up?</p>	<p>You know how we've been talking about how you are growing up with your grandmother (Child: Yes). How does that feel?</p> <p>Does it feel different / special / what do you think when you see other kids growing up with their mum or dad?</p> <p>Do other kids say anything about you growing up with your grandmother?</p> <p>What do you think kids living with their (tummy mummy) mums and dad would be like?</p> <p>How do you think they would live?</p>	<p>Who do you miss when you go away like at the camp?</p> <p>Who do you miss the most when you are not with them? (If they provide a name, then explore further why they miss that person and the intensity of this feeling).</p>	<p>Do you worry about people not liking you? Who?</p> <p>Who do you worry doesn't like you?</p> <p>What about family?</p>	<p>You know how we have been talking about worry – who do you worry about?</p> <p>Do you worry about anyone?</p> <p>How do you feel about becoming an adult?</p> <p>What makes you feel unsafe? Do you worry about being hurt?</p> <p>Have you ever lost anything really special to you?</p>

During the interviews an “I don’t know response” was explored further to establish the likelihood it may be related to discomfort. The children were presented with the following options:

I don’t know what to say

I don’t know what you want me to say

I don’t understand what you mean

I don’t want to answer the question

I don’t know what you want to hear

Any other reason

At the end of the FCA (2) and PML (3) interviews children were asked some questions about the process. These were as follows:

What do you think children living with their grandparents like you would think of this activity? What did you think of it? What do you think other children would feel doing this activity? How did you feel about it? What could I change to make it better? Which bit did you like of that activity/interview? Which bit didn’t you like?

These interviews were audio taped and transcribed for analysis.

4.13 Stage 2 Data Collection Procedures

4.13.1 Free Choice Activity (FCA) Interview Procedures

1. When the interviewer arrived at the interview setting the child was asked where they wanted to have the interview. This was negotiated with the caregiver to increase the privacy for the child and interviewer.
2. The child was asked if they wanted to help set up.
3. While setting up the interviewer went over the confidentiality, withdrawal and recording consents again the Interview checklist was completed. A brief review of the comfort measure was used to ensure the child participant was still fluent with it and the newly added emotion circles were explained and illustrated.
4. The child was asked to pick an activity they thought they could do while talking. During this time the interviewer went over the interview structure reinforcing that there was no right or wrong answer and they would not get into trouble for what they thought or said. The child was told they could change the activity they had chosen anytime they wanted.

5. The topic board was set up within the child participant's visible range and the child was asked which topic they would like to start with. They then noted it with a number on the board.
6. The child commenced the activity and the interviewer began the conversation with a prompt question for that particular topic.
7. At the change of the topic the interviewer would ask if the child wanted to put a sticker to indicate they were finished and choose another topic. They were asked if they wanted to continue with the same activity.
8. If the child was distracted and not answering after a couple of times the interviewer would identify this with the child and ask if they wanted to continue.
9. Additional questioning styles, which had emerged from the first stage of analysis, were trialled at this time. These included exploring the following:
 "I don't know" responses, "How do you think your friends would feel?", "How do you think other child in living with their grandparents would think? feel?", and "I have a problem that you may be able to help me with – I want to interview more children like you who don't live with their tummy mummy or live with their grandparents (as appropriate) – the problem I have is some of them don't want to upset me so they just tell me what they think I want to hear – *they were allowed to process this by pausing for any response* – the problem is I really want to hear what they really think – how could I get them to tell me what they really think?"
10. Member checking for consistency of reporting and checking for accurate interviewer understanding and was introduced during these interviews. This was achieved by reframing a question and asking it further along in the interview to check whether the child gave the same response. This was also used when ambiguous answers were provided by the child, or the interviewer was unsure of whether the child was just answering without really hearing the question, or distracted by their engagement in the activity.
11. The interviews concluded when the topics were finished. At this time the child was provided time to pack up or finish the activity. While this was happening the interviewer advised the child that some additional questions were going to be asked about what they had just done re-confirming whether it was alright to continue recording.
12. Questions regarding the process were asked. At this time anything that required clarification would be followed up, such as "You said you didn't want to answer that

question – is there anyone you would talk to about that one or you said you didn't understand that is there a better way I should have asked it?"

13. When the interview had ended the child was allowed to keep any of the activities they had started or completed, excluding the laptop.
14. At this time the caregiver, the child and interviewer would discuss the next visit.
15. The FCA interviews (2) were conducted in the second and third week of April 2012, four months after Interview 1.

4.14 Stage 2 FCA Data Analysis

4.14.1 Case Study Analysis Procedure for FCA Interview

(Within and Cross Case Comparisons – Interviews 1&2)

1. Developed an analysis plan prior to analysis to ensure consistency of analysis across data sets.
2. Listened to the audio recordings, correcting the transcripts and adding any tone changes and pauses that may affect the interpretation of the data.
3. Completed the word counts and calculating Interview Duration Times, MLU and LU.
4. Identified the Comfort indications for the beginning and the end of the interviews.
5. Noted the Interview Times for 1&2, MLU (Beginning, Midway and End), LU and Comfort Measure (Beginning and End) on the front of the transcripts.
6. Calculated the percentages of words *on topic* and *off topic* for the different parallel activities.
7. Compared the LU when answering the interview questions and LU of when engaged in the parallel activity was made as this may provide an indication of comfort.
8. Placed the above in tables (individual data and the combined data) for easier comparisons.
9. Collated the field notes for each case into one document to facilitate easier comparisons.
10. Used Nvivo program to facilitate comparisons of the transcript data from Journal Interview 1 with the transcript data from the FCA Interview 2. This was conducted with each of the children's data individually (*within* case comparisons) and then across each of the children's data sets (*cross* case comparisons).

11. Data was triangulated in each of the individual cases within and across Journal Interview 1 and FCA Interview 2. This included: caregiver reports; observational data; interviewer reflections; and child reports. This provided a set of data for each child.
12. Data was triangulated across each of the children's data sets. Comparisons across the data sets identified similarities, differences and patterns between the two interview transcripts. These were cross checked for patterns against the Nvivo categories identified during the analysis of Journal Interview 1 for each of the individual children.
13. Memos were completed on Nvivo program describing the similarities, differences and patterns across Interview 1 and Interview 2 for each case. These were later copied to the Field Notes for each case.
14. Reflections whilst analysing each case were added to the Field Notes document for each case.
15. The final storyline of the Journal Interviews were checked against the Field Notes whether to ensure no data had been overlooked.
16. The Field Notes document was referred to for an overview of the analysis outcomes and a final case storyline was prepared.

4.15 Stage 3 Interview Design

4.15.1 People in My Life Activity (PML) Interview

The design of the PML Activity was drawn directly from Biehal et al. (2010) study in which she compared children's experiences of adoption with children's experience of long-term foster care. Nina Biehal was contacted and she forwarded a copy of the interview schedule that was used in conjunction with their interviews. The schedule section for the PML activity was used. Some additional questions from other schedule sections were used as guidelines for prompting the children's discussions in the interview. These were also taken from the interview schedules used in Biehal et al. (2010). These sections were, about this family, about your story, and about the contact you have with people. The questions from these sections were chosen based on topics already raised by the children in the previous interviews. This was done to explore more explicitly their perceptions of these topics.

The PML Activity included a large board with a series of black concentric circles. The central one was marked *really love* then moving outwards, they were marked *love, like, don't like*

and *really unhappy with*. Children were provided with blank cardboard people who they could decorate, draw or just label to represent their friends and family. They were then asked to place the figure representing their friends, caregivers, birth parents and siblings where they wanted on the board. Children were asked to explain why they had placed people where they had if they could.

Activity Extension: The PML activity was extended to gather specific information on perceived rejection and acceptance. This was anticipated to increase the level of sensitivity some of the children may have to this type of questioning which had an increased potential to threaten their felt security and further explore the effects of interviewing the children about sensitive topics. The child was asked to place a figure representing themselves in the centre of the board. They were then asked to place any figures they wanted on the board based on who they felt *really love, love, like, don't like* and are *really unhappy* with them. They were asked if necessary why they had placed the people where they had or why they left certain people off the board altogether.

These interviews were audio taped and transcribed for analysis.

4.16 Stage 3 Data Collection Procedures

4.16.1 People in My Life Activity Interview Procedures

1. When the researcher arrived at the interview setting the child participant was asked where they wanted to have the interview.
2. The child participant was asked if they wanted to help set up.
3. Whilst setting up the interviewer went over the confidentiality, withdrawal and recording consents again. The interview checklist was completed. A brief review of the comfort measure was conducted to ensure the child participant was still fluent with it and any newly added emotion circles were explained and illustrated.
4. The child participant was shown the resources and was given the choice to decorate, label the people or the interviewer could do it for them. They were offered the choice of whether they wanted to put each person on individually or all together at the end.
5. Parallel activities were left in a closed suitcase and made available only upon request by the child. These included animal puppets, an assortment of koosh balls, plasticine, sticker books and mini Lego block packs.

6. The interview schedule (Biehal et al., 2010) was referred to using it as a prompt. The interview finished when the child participant ran out of people to put on the board.
7. When the activity was finished the child was asked if they wanted to keep the people or not, and the interviewer proceeded to clean up. While this was happening the interviewer advised the child that some additional questions were going to be asked about what they had just done re-confirming whether it was okay to continue recording.
8. The questions regarding the process were asked. At this time anything that required clarification would be followed up such as, “You said you didn’t want to answer that question – is there anyone you would talk to about that one or you said you didn’t understand that is there a better way I should have asked it?”.
9. Finally the caregiver, the child and interviewer would discuss the next visit.
10. The PML interviews (3) were conducted in the second and third weeks of July 2012, three months after the interview 2.

4.17 Stage 3 Data Analysis

4.17.1 Analysis Procedure for the PML Interview

(Within and Cross Case Comparisons -Interview 1, 2 & 3)

This procedure replicated the above steps for the analysis procedure for the FCA Interview except the comparison was across interview 1, 2 and 3 instead of just 1 and 2.

PART FIVE: STAGE FOUR MEASURES AND PROCEDURES

4.18 Stage 4 Interview Design

The final meeting with the children included three parts: a member checking activity which included a brief summary of the findings from Stages 1, 2 and 3; an evaluation (post-box activity) and debriefing. The member checking activity was based on a model developed by Harter (1982) to reduce socially desirable answers from children about their perceived competence. This model was later used by Kerns, Klepac, and Cole (1996) as a security scale. The format of this model is “some kids say this; others say that; what do you say?” The post-box design was chosen as a “participatory style” research tool. A post interview measure was designed specifically for the present study and conducted with only the caregivers. This choice was made to avoid confusion by children by a potentially “blurred” research exit. It was also to ensure further potential feelings raised by the research process were not triggered.

4.18.1 Member Checking Activity

A summary of the findings from the journal, FCA and PML interviews was prepared which was presented in sections. These were: what children said in their journals about talking to adults, what children said about their experiences of kinship care, and the children's experiences of research. What children said about their experiences of kinship care was divided into two parts: common topics that the children talked about which had caused them negative emotion, and common topics children talked about that caused them positive emotion. The summaries did not include the analysis from some of the final few interviews. This was because of the time availability of some of the child participants. That is some of the children were still at the final interview stage while others were at the evaluation stage. A final statement about liking food was included. This statement was also framed as a question in the post-box activity. The aim of this was to provide a cross check of children's responses to increase trustworthiness of responses.

Each point on the summary was read out to the individual children and they were asked if they agreed with it or did not. The items they agreed to were checked off and recorded in a table for analysis.

The debrief section included providing the children with their certificate and voucher to indicate closure. They were asked if they had any concerns about finishing. They were provided after care information and a business card to contact the researcher, and specific details if they were unable to initiate contact on their own, if they required any information.

4.18.2 Evaluation with Post-box Activity

The children were asked questions and provided some options to choose from. The interviewer read out the question and read out the answers one by one as they were placed in front of the child. The child was able to choose the one that they wanted and place it in the box. The interviewer closed her eyes whilst this was being done so the children would feel their answers would not be judged as right or wrong by the interviewer.

1. Would it be better if the person that interviewed you was a?
MALE /FEMALE/DON'T CARE⁶
MAORI /WHITE /OTHER/DON'T CARE
YOUNGER/OLDER/SAME /DON'T CARE
2. Would it be better if the person that interviewed you visited ...?

⁶ Answer options were presented in (black capitals) writing on laminated cards. These were placed before the child participant to choose from to place in the post-box.

MORE/LESS/SAME

3. Which was better?

COMPUTER ACTIVITY/CASTLE GAME ACTIVITY/PLASTICINE/ CRAFT
ACTIVITY/YELLOW BOARD/JOURNAL

4. Why did you do this?

SOMEONE TOLD ME TO/I WANTED TO/IDIDN'T WANT TO

5. Did you see the research information (Show them)?
YES/NO/CAN'T REMEMBER

6. Did you enjoy the activities?

YES/NO/SOME OF THEM

7. Did you enjoy answering the questions?

YES/NO/SOMETIMES

8. The interviews should be at (more comfortable where)?

HOME/SCHOOL/OFFICE

9. Did you answer the questions honestly?

YES ALL THE TIME/SOME OF THE TIME/NEVER

10. Will you miss the interviewer?

YES/NO

11. Did you want to do the research?

YES/NO

12. Will you miss doing the research?

YES/NO

13. Would you do this again?

YES/NO

14. How did you feel about the recorder?

DIDN'T MAKE A DIFFERENCE/HELPED ME SAY MORE/STOPPED ME TALKING
MORE

15. Doing this research

HELPED ME/DID NOT HELP ME/MADE NO DIFFERENCE

16. Bringing the food

HELPED ME BE MORE COMFORTABLE/ LESS COMFORTABLE/DIDN'T MAKE A
DIFFERENCE^{xii}

4.18.3 Caregiver Debrief and Closure

The caregivers were given an unmarked member checking summary and talked through each of the key points made in relation to the participant sample not their child. Privacy of their children was reinforced in response to any specific questions about their child. A business card was provided with details on how to contact the researcher for any after care concerns or questions^{xiii}.

4.18.4 Post Interview Measure

The post interview measure included the following questions as presented to the caregivers over the telephone:

How do you think your child responded to the research process?

What effects do you think it had on them?

How are they now?

4.19 Stage 4 Data Collection Procedures

4.19.1 Member Checking Activity

1. The summary of findings was read out the child ensuring this occurred in a completely confidential setting. Confidentiality was emphasised to the caregiver.
2. The activity was explained to the child in the following way: “These are a summary of what all the children I interviewed had to say about different things that were important to them, I am going to read them out if you agree with them say “true or yes” if you don’t say “false or no”, if you don’t understand let me know and I can explain – this is quite a long activity do you want something to play with while you are doing it”.
3. Some of the children chose to play with an activity. Activities offered were plasticine, toy Lego or stickers, animal puppets and a variety of koosh balls.
4. A copy of the findings list was checked off, for the items indicated as true, and any additional notes added if the child commented. When finished this was coded and placed in the folder and a new unchecked copy of the summary was pulled out.
5. At the end of the activity the children were asked if the new unchecked findings sheet could be shared with their caregivers, which of the items should be removed and which should stay or should none of them be shared. At this time the interviewer reinforced to both the child and the caregiver separately, that the information the child shared was to be controlled by them and they would have the final say on who could be privy to their information.
6. Depending on this outcome the child was asked if and how this should be shared with their caregiver. After the child completed the post-box activity only the anonymous collective member checking checklist was shared with the caregivers only if permitted by the child. This was actioned in compliance with any instructions the child gave about sharing this list. ^{xiv}.

4.19.2 Post-Box Activity

1. The laminated answer cards were put into envelopes with the corresponding question on it.

2. The activity was explained to the child as; “I have some questions which I will read out to you and then I have a choice of answers. You pick the one that you think is best and post it in this box. I won’t be seeing what you pick so you can pick whatever one you think. You just need to be completely honest. Don’t worry about being wrong – just be honest. If you don’t understand just ask me”.
3. Each question was read out and then each answer was read out and put down in front of the child as it was read out. The child chose and placed each answer card in a post-box.
4. The member checking and evaluation interviews were conducted in the first and second week in August 2012, two weeks after interview 3. The entire interview process occurred over nine months.

4.19.3 Closing and Debriefing Procedures

1. Both the caregiver and the child were asked individually in a private environment if they had any concerns about the research ending. If necessary a follow-up contact was made.
2. At the end of the final visit, the child, caregiver and the interviewer chatted informally. The child was presented a Certificate of Excellence⁷ and a ten dollar The Warehouse gift card in their name.
3. The interviewer provided contact details and reminded the caregivers and the child knows that she was also employed by the Children’s Health camps (Te Puna Whaiora)⁸. They were provided the interviewers current business card should they wish to contact her.

4.19.4 Post Research Measure

1. The caregivers were telephoned during school hours when it was unlikely their children would be at home.
2. They were advised “I rang to check in and see how you and the children have been with the research – I would also like to ask a few questions about their response to the research projects, is that okay?”

⁷ On these certificates the research project name excluded Kinship Care from the title to safeguard their confidentiality. It was presented as Children’s Experiences of Research Study.

⁸ It was likely some of the families that had taken part in the study could have future contact with the researcher within her work role. Te Puna Whaiora is now known as Stand for Children’s Services.

3. Most of the caregivers wanted to catch up more informally first. Then the questions were asked.
4. Their responses were noted on the recording sheet.
5. Some of the caregivers were experiencing problems with resourcing for their child. The interviewer provided relevant support information and contacts.
6. The conversation ended with the “I will ring you when the thesis is completed to see if you are interested in getting a copy”.

4.20 Stage 4 Data Analysis

The Stage 4 data was treated as supplementary descriptive information. It was placed in tables to facilitate comparisons within and across participants’ data sets. It was used within this study to expand, clarify and check any previous interpretations made based on the previous data from Stages 1, 2 and 3.

To ensure this study achieved a credible standard of design and implementation of procedures, further strategies identified to enhance trustworthiness were embedded in the design. These strategies were included in the study design to maximise the likelihood that final recommendations are based on quality outcomes. This will ensure ethical application of these recommendations for future research with children in out-of-home care. These strategies are outlined and described in relation to the study below.

4.20.1 Felt Security Topics

The research question relating to the reported felt security of children was an additional question as the data was considered worthy of representation and as interest to researchers and the participating families alike. The aim of the analysis of this data was to provide descriptions of what the children reported. To ensure this was more useful to readers, the illustrations were organised into topics. The following analytical steps were taken.

1. Literature pertaining to children in care was reviewed to identify topics commonly associated with their felt security.
2. Any discussions thought to represent children’s felt security or insecurity, irrespective of whether they were present in the reviewed literature or not, were noted in Nvivo.
3. These transcript examples were assessed to identify common topics or themes. These emergent themes were compared to the literature based themes.

PART SIX: ENSURING OUTCOME CONFIDENCE

4.21 Quality of Outcomes

Originally the quality of qualitative data was assessed through the use of criteria directly transferred from the quantitative methodologies. These criteria are: reliability, internal and external validity, objectivity and generalizability. The criteria currently used in qualitative research are those pertaining to trustworthiness. It was therefore appropriate these be applied to the present study. These qualitative criteria were: dependability (instead of reliability), credibility (instead of internal validity), transferability (instead of external validity and generalizability) and confirm-ability (replacing objectivity) (Shenton, 2004). These criteria establish the basis of ensuring qualitative data attains the standards of trustworthiness (Marshall & Rossman, 2011; Shenton, 2004). Trustworthiness refers to the confidence that the outcomes are “truth” (Guba & Lincoln, 1982). The works of Guba and Lincoln 1981, 1982, and 1985 are prominently cited in qualitative discussion about trustworthiness. This literature has therefore been used here to discuss the factors of trustworthiness in relation to this qualitative study.

4.21.1 Dependability

Reliability refers to the ability to repeat a study with a similar sample in a similar context and end up with the same results (Guba, 1981). Dependability is the qualitative alternative to reliability and refers to the stability of results after accounting for any unpredictable yet logical changes (Guba & Lincoln, 1982).

4.21.2 Credibility

Internal validity refers to whether research procedures measure what they are intended to measure (Guba & Lincoln, 1982). Credibility replaces internal validity in qualitative research because credibility encompasses the idea of “multiple realities” of human based research including and refers to the believability of the analysis and interpretation of the data (Guba & Lincoln, 1982).

4.21.3 Transferability

External validity or generalizability refers to whether the sample population and hence outcomes are representative of the population from which the sample population came (Guba & Lincoln, 1982). Transferability acknowledges the complexities of humanity and the “socio-behavioural phenomenon” and this suggests transferability is possible if certain conditions

are present (such as rich descriptions) within the research procedures (Guba & Lincoln, 1982).

4.21.4 Confirm-ability

Objectivity refers to a detached scientific process that is not contaminated by bias. Guba & Lincoln, 1982 suggest this process focuses on the researcher rather than the data. Confirm-ability thus places the onus back onto the data (Guba & Lincoln, 1982) whilst also acknowledging the multiple realities and interactive nature of the interviewer and the participant relationship.

To ensure these standards of trustworthiness are met qualitative researchers have developed an array of procedures (Marshall & Rossman, 2011); those that have been used within the present study are discussed.

4.22 Trustworthiness

The following procedures have been suggested to “ensure the rigor and usefulness of a qualitative study” (Creswell & Miller, 2000 cited in Marshall & Rossman, 2011, p. 40)

4.22.1 Triangulation

Triangulation is the use of multiple data sources, views, theories or methods to check across data and interpretation for consistency (Guba & Lincoln, 1982). Triangulation was implemented in the present study by collecting data from caregivers, child participants self-report, interviewer observations and comparisons to literature and theory. The caregiver, child reported and observational data were compiled into an Interview Profile of the child participants for the initial data that was collected in the Journal Interviews. The following child participant data and the observational data along with the comfort measure data were analysed within and across the child participants as well as within and across the FCA (Interview 2) and PML (Interview 3) interviews.

4.22.2 Reflexivity

Reflexivity is the process of reflective consideration. It may either be used critically or to reflect on complex phenomena from multiple views or mid-action (such as during the interview). It can be used in relation to: self-analysis (Bubnys & Žydzūnaitė, 2010); the roles of the researcher such as co-participant or co-producer of data (Connolly, 2008; Davis, 1998; Lincoln & Guba, 2000; Pezalla, Pettigrew, & Miller-Day, 2010; Punch, 2002); the methodologies (Punch, 2002), participants and the research process (Bott, 2010); and solving

problems (Bubnys & Žydžiūnaitė, 2010). The present study uses a reflection journal to contemplate in a critical manner the study design, process, researcher roles and interactions from the beginning of the research process through to the end of the process. Reflections were recorded specifically when there was an ethical concern, immediately prior to and following participant contact and throughout the analysis and interpretation and the writing up stages. Reflections have been placed in the endnotes to increase the transparency of research process. Extensive reflexive thought was given to the appropriate methodologies (to enhance both protective and participatory elements) and interaction with the child participants. Reflexive thought was acted on often during the progression and refinement of the present study. This process of constant reflection is evident from the development of the decision-making framework, the extension of the participant contact and refinement of the interview structure as discussed below.

4.22.3 Member Checking

Member checking is used to ensure data and interpretation accuracy (Guba & Lincoln, 1982) and was undertaken used throughout the interviews. If a child participant provided an unclear or conflicting answer the question would be rephrased and asked later in the interview. If the interviewer was unsure of what the response meant or felt it wasn't accurate, the interviewer would clarify this in the interview with the child participant. A final compilation of the results was also presented at the end of the interviewing process to child participants. This ensured there was correct recording, understanding and therefore accurate interpretation and reporting of what the child participants meant, and this increases the credibility of the data.

4.22.4 Collaboration and Participation

The principle of ethical symmetry (Christensen & Prout, 2002), provides for equality of relationships between the researcher and participants as expressed through the respect of children's rights, feelings and interests. The primary goal of the study was to ensure children were comfortable with the research process. This required the development of methods the children would like and feel alright about. To enable this it was necessary for the researcher to engage "continually in open dialogue" renegotiating practices and the research relationship (Christensen, 2004; Christensen & Prout, 2002). Apart from discussions with the children, collaborative discussions were pursued with other doctoral candidates engaged in studies with children and discussions with academic staff. Although not entirely collaborative, the extensive reading of literature focused on research with children and processing the

recommendations of these experienced researchers in relation to problem solving and overcoming challenges to the trustworthiness contributed to an informed approach to the design of the present study.

4.22.5 Developing an Audit Trail

The presentation of an audit trail allows the project supervisors, readers and the researcher to check that the project adhered to the approved ethical protocols but a clear audit trail also contributes to the transparency of the study. It also provides a clear protocol that can allow other researchers can follow should they wish to extend the research. The audit trail in the present study was provided through: the development of scripts to structure any contact with participants, procedural protocols to guide interviews, analysis and interview checklists to ensure standardisation of beginning and end interview procedures, and method decisions (see the decision-making framework as discussed below).

4.22.6 Prolonged Engagement in the Field

Prolonged engagement in the field was evident in the present study through the extension of time spent interviewing the child participants. Initially it had been decided to conduct two interviews, which included three home visits, (one for the initial meeting and two for data collection). This was extended to three interviews, which (included five home visits, (one for the initial meeting; three for data collection; and one for evaluation, member checking, debriefing and closure). The time involving face-to-face contact with the child participants and their families was extended in response to both the data gleaned and the refinement needs of the interview methods.

The following procedures have also been included in this study. They have been described as “validity tests” for qualitative research (Maxwell, 1996 cited in Marshall & Rossman, 2011).

4.22.7 Comparisons

Multiple sources of data were sought in this study and during the analysis stage these data were compared both across and within the data sets. Caregiver information, child participant and observational data were compiled into the Child Interview Profile which allowed for easy comparison of the data. The child participant transcripts were compared within the individual child data set across the interviews and also across each of the children’s data sets which allowed for the similarities, differences and patterns of what child participants were saying about experiences of kinship care as well as the research process to emerge.

4.22.8 Searching for Discrepant Evidence and Negative Cases

Grounded theory and case study data analysis methods allowed for the specific identification of evidence that did not fit with the other emerging evidence. These methods were useful in establishing the differences, and patterns of differences within each of the child participant's data sets as well as across the participants' data sets. Discrepancies were further analysed and explored in following interviews to increase understanding of the nature of the difference.

4.22.9 Rich Data

Grounded theory and case study analysis tools were useful in allowing for the generation of rich data from the analysis and interpretation process. This was achieved by exploring the data in precise objective steps. This increased the ability of the researcher to gain deeper understanding of the data and extrapolate rich descriptive data for the final presentation of the outcomes of the present study. The structured nature of the analysis allowed the researcher to step back from the data, which enhanced objectivity. Further descriptive data was collected in Stage 4 to expand, clarify and check outcomes from earlier stages within the study design. This enhanced the quality through depth and richness of the data.

4.22.10 Transparency

Transparency is considered necessary to establish the trustworthiness of data Forrester (2010). Transparency has, however, been discussed in literature in relation to reflexivity by other researchers especially those involved in the field of New Social Studies of Childhood (see Christensen & James, 2008; Freeman & Mathison, 2009). Transparency involves describing everything about the research project in its entirety (Forrester, 2010). It is important to contributing to the continual dialogue amongst researchers. This is achieved by documenting the challenges and ways in which these were addressed in the research context so following researchers can consider these factors in their studies (Christensen & Prout, 2002); it can contribute to the development of a consistent value based approach to guide researchers; and contributes to ethical symmetry (open dialogue between participants and researcher) (Christensen & Prout, 2002). In relation to the researcher/participant relationship in this present study transparency has been achieved by: remaining open, honest and clear with the participants, maximising their opportunities for choice and control, openly discussing challenges that arose, maintaining relationships with the whole family, and providing a continual flow of information at each stage of the research process. In relation to the researcher/researcher information sharing in this present study transparency has been

achieved by reporting reflections, including the decision making process about how they were addressed, and in the transparent reporting of data.

The methods described in this chapter have been implemented with the aim of collecting data to provide a holistic picture of each child. This informed the refinement of interview processes and procedures. The refinement of the interview methodology was to facilitate a comfortable interviewing environment for the children. This was anticipated to reduce the likelihood of threatening their felt security thus avoiding the activation of their attachment systems and their subsequent employment of defence mechanisms. By minimising the likelihood that the child's felt security defence mechanisms were activated there was the potential of authentic reporting by the children and a reduction in the detrimental effects on their felt experiences within the interview context. Because of the complexity of the comfort experience and the difficulty for any participant, especially children with tenuous attachments, to report on their own behaviours multiple data collection methods were implemented to provide information from multiple perspectives. The mixed model approach assisted in providing a varied analysis on differing aspects of the study and contributed to broadening the investigation to gain a comprehensive perspective of the research problem.

The following chapters present the results from the present study. As in this present study the stages were designed in multiple stages therefore the results are divided into chapters according to these stages to provide clarity for the reader.

CHAPTER FIVE:

SAMPLE DESCRIPTION & INTERVIEW PROFILES

The results from the Stage 1 data are presented in two separate chapters for the following reasons. The first chapter presents the data which was not included in the grounded theory analysis. This data is presented in a descriptive form, accompanied by interpretive statements. The second chapter will present the interview data collected from the Journal Interview which was analysed using grounded theory analysis procedures. A final summary for the Stage 1 data will be included at the end of the second chapter.

5.1 Sample Description

All children who were not under CYF guardianship and who attended the Kidzacool Adventures week long respite care camp for children in kinship care were sent recruitment information. All those who made contact were accepted in the present study. This generated a sample of twelve children. All these children lived with either their grandmother or their grandmother and grandfather.

On the initial visit to the families caregivers were requested to complete a Child Felt Security Questionnaire. This questionnaire included a shortened version of the Assessment Checklist for Children (ACC) and the ACC+ (Tarren-Sweeney, 2007b). Refer to the tables in Appendix 2 and 3 for the data provided by these questionnaires. Below is a summary of the descriptive information collected from this questionnaire.

5.1.1 Child Names

Each child was asked to choose a pseudonym to provide anonymity. The choices children made were as follows:

D, Bumblebee, Sonic, Octimus Prime, Ditty, Bob, Noodles/Butterfly, Yu Gi Oh (later changed to Dark Magician), Rose, Spongebob, S, Rob Zombie.

The names identified by the children were chosen for specific reasons. For three of the children it was because their birth mother had used or liked the name. For six of the children names were chosen because they represented a favourite game, musician or television show. One of these six later changed his name to his birth mothers favourite game character. One of the children thought it was childish and one couldn't think of one and thought it was

unnecessary (both opted for a single letter suggested by the interviewer) and one just picked something random.

The purpose of getting child participants to choose pseudonyms was for confidentiality through anonymity but all the children chose to share these with their caregivers and some children with extended family. One child chose to share this with the birth parent. This presented challenges to the issue of confidentiality. One child was clear about not wanting to share his information with the caregiver yet had shared the pseudonym with his caregiver and allowed interviews to be conducted within the caregivers hearing.

For the above reasons, and at the risk of reducing children to a number, for the purpose of this thesis to further promote confidentiality and simplicity child numbers will be used rather than the pseudonyms.

5.1.2 Age

There were seven male and five female children (in kinship care) in the sample and their ages at the time of the study interviews ranged from 6 years to 12 years, the average age being 8 years 8 months. There were two sibling groups of three and a sibling group of two sisters plus a cousin and three children were the only child in the home.

5.1.3 Ethnicity

Six children were of Māori/New Zealand European (NZE) descent, three identified themselves as 'other' (Canadian and Spanish/NZE) and three were of NZE descent.

5.1.4 Age of Entry into Care

Two children entered care under the age of 12 months (2 months and 9 months), six children entered care under the age of four years (one child at 3 years 5 months, two children at 3 years, two children at 2 years and one child at 2 years 5 months), and four children entered care between 4 years and 7 years (two children at 7 years and two at 6 years).

5.1.5 Previous Placements

Seven children had no previous placements, four children (two of whom were living overseas when removed from birth parent care) had 1 previous placement and one child had 3 previous placements.

5.1.6 Maltreatment History

Seven children had experienced physical abuse, seven children had experienced psychological and emotional abuse, eight children had experienced neglect, one child had experienced sexual abuse, eleven children had witnessed domestic violence and one child had no previous history of exposure to maltreatment. Ten children were reported to have experienced more than one of these criteria of maltreatment.

5.1.7 Current Birth Parent Contact

At the time of the study seven children had sporadic contact with their birth mother (five of these children by telephone only, one when she was taken by the caregivers). Four children had regular contact with their birth mother (one child had unlimited contact, one child had overnight visits and one sibling pair had a regular 4/5 weekly unsupervised contact for a few hours). One child had no contact with the birth mother.

Two children had sporadic contact with their birth father. Five children had no contact with their birth father (one child because of a protection order, one child because the father was in prison and CYF would not allow contact, two children were unsure of who the father is). One child had unlimited contact with the birth father, one child had regular weekend overnight stays with the birth father, one child had regular Sunday telephone calls from the birth father overseas and one sibling pair had a regular 4/5 weekly unsupervised contact for a few hours). There were two children who had no contact with their birth father and were unsure of his identity. They thought of their grandfather as their father and called him dad. One child who had overnight stays with the birth father still thinks of her step-father overseas her father. She calls him dad and receives regular Sunday telephone calls from him.

Seven children live with their sibling(s) in the same care placement. One child has a half-sibling who lives with the mother that he sees regularly. One child has a younger sibling, who is in foster care that he sees 4 times per year and a half-sibling he sees occasionally. Two sibling sets have older siblings who they see occasionally and one child has a younger sibling seen only occasionally. One sibling set and their cousin have multiple brothers and sisters some who they have never met.

5.1.8 Mental Health

Five children had a diagnosis of anxiety or mood disorder. Three children had a diagnosis of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder, one of these

children also had a diagnosis of Oppositional Defiance Disorder. One child had a diagnosis of Reactive Attachment Disorder and one child had a diagnosis of an Eating Disorder. Two children had multiple diagnoses. Five children had no mental health diagnosis.

5.1.9 Developmental Delays

Five children had a Learning Disability and four of these children also had an Intellectual Disability. Three children in one sibling set were reported to have Asperger Syndrome and two of these children were reported to also have Foetal Alcohol Syndrome. Seven children were reported to have no developmental delay.

Four children had neither a mental health diagnosis nor a developmental delay.

5.1.10 Caregiver Details

The age range of the children's caregivers was 44 years to 69 years. Seven children lived with both their biological grandmother and grandfather and five children lived with their grandmother only. Four children were the only child in the home. The caregivers of one sibling set (three children) cared for four children, the caregivers of two of the sibling sets (two children and three children) cared only for these children within the home. None of the caregivers had other adults living with them.

All caregivers described their health as average to very good.

For four of the caregivers this is the first child placement they had. One caregiver had 33 previous child placements and one set of caregivers had 8 previous child placements.

Three caregivers had received training either before or after the child placement with them. All seven of the caregivers reported having regular or occasional contact with other caregivers.

5.1.11 Placement Stability

Six of the seven caregivers (representing eleven of the children) reported they were providing the child with permanent care for as long as necessary, one caregiver reported they were providing permanent care for the child until the age of sixteen.

Caregivers reported eight children wanted to stay in their care until they were adults and felt this placement was secure. One child was reported to want to stay with the caregiver until an adult but worried this may not happen (e.g. that CYFs might place them with other carers;

that they are restored to their birth family; that caregivers become unable to care for them). Two children were reported to be settled in the caregivers care but hoped one day to be returned to their birth parents; and one child was reported as unsettled in the caregivers care and wanted to return to the birth parents.

5.1.12 Intended Return to Birth Parents

There was no anticipated return to their birth parents care for nine of the children. For three of the children it was intended they would return to the birth parents care at some point in the future.

5.1.13 Attachment Information

Four caregivers identified they had trouble staying close to a child because of behaviour challenges. This involved four children from different sibling sets.

“Sometimes it gets really hard when he says he hates me – he is more attached to his granddad - he is a lot like his mother at that age- looks like her, behaves like her - I think I subconsciously put his mother into him - transference and I am unaware.”

“Many a time because of her behaviour - angry towards her as I have to lock and unlock everything - reduces me to tears - would not like her to go to anyone else it would be her downfall – so hard to manage.”

“He has ADD which I found challenging before he was medicated - I was quite emotionally distant for 2 years – he didn't like cuddles/physical contact, didn't like being comforted, wasn't emotionally available.”

“Because of his recent behaviour - very abusive and aggressive, hits me, breaks stuff up, just saying no.”

The ways in which the children talked about their birth parents provided indications about their attachment to them. Six children did not talk about their birth parents much, five children talked either negatively or a lot about one or more of their birth parents, and one child didn't talk about the birth parents because she had regular contact and could talk to them. The caregivers reported the following examples about the children's talk about their birth parents.

“Very little unless he has heard someone else talk about her - caregiver initiates talk approximately once a term as she feels whakapapa is important and she doesn't want him to forget her - the tummy mummy talk.”

“Very little - normally asks what she is doing - he never asks real questions if she has texted - she shows no interest in his brother and sister.”

“Dad all the time - papa this and papa that - when is she going to see him - when she grows up - when she leaves school.”

“She doesn't talk about them a lot - all negative nothing positive - she asked why she couldn't live with her I said she was sick and she couldn't live with her - when nan tells her off her response is I am going to run away to mummy's - oh I can't she doesn't want me.”

“Doesn't say a lot about her birth mother but does ask why she went back, why she is not coming back - says I miss mum - asks why she lies - says she's not coming back is she - has I think worked it out for herself.”

“He never stops talking about his mum and sister - cries and is upset because he doesn't see his sister enough - her caregivers refuse more contact - he wants to live with her, do things with her, movies, shopping etc. I will go to court next year for more contact.”

“Doesn't talk about them much - occasionally says what he would like to do next time he visits e.g. go to the park - talks about his sister but never about the past.”

“Talks a lot about his mum when he returns from his visits - what she says that she likes the rugby etc. Will occasionally say dad said this or that but not very often.”

“She talks to them when they are here she doesn't need to talk about them - when she was younger she had more problems leaving them she would cry when they left- accepts it now- doesn't get excited any more - she knows they love her.”

“Talks a lot about his father and worries when he can't get hold of him. Talks a lot about that – he sees his mother regularly now.”

Six children called their grandparents mum and dad, one child wanted to but there was disagreement between the grandparents as to the appropriateness of this, and five children called their grandparents by their given title (either nan, gran, granddad).

5.1.14 Belonging

Nine children are reported by caregivers to feel a sense of belonging with them.

“This is his family - we are his mum and dad and brothers and sisters.”

“We are his family his mum, dad, sister and brothers, aunts, uncles and cousins - he has a strong sense of belonging.”

“She calls Blenheim home and still wants to return there- she has uncles and other family there - but 100% here with this family, this is the only family she knows - it is a blow to her that her mum doesn't want her – (Nana is my special mum – child intervened).”

“She belongs here, this is her home - she wants to call us mum and dad but my wife and I disagree on this point.”

“Because he has been with us since he was 2 and is now 8 he knows he belongs with us and is loved by extended family.”

“One home - her father asked her to go and live with him, she said no straight away - home is with Nana and poppa - it was a very clear choice for her.”

One child was in the process of extending visitation with her father with the view to return to his care and was reported to experience internal conflict about this

“She is so mixed up - she enjoys being here and she enjoys going there - between the Devil and the deep blue sea – she was given a library card name at her dad's with his surname on it and she became very upset because – B* is her name because of birth mother and sister.”

Three children were reported to want to return to their birth mothers care and have regular contact with them.

“He knows what he wants to live with his mother and sister - if he can't do that then *to* be with me.”

“I think that he does think that he belongs with us and we love him but he adores his parents and would like to be with them - appears happy to be here but would be there if he knew he could.”

“I think he has times when he feels he does not fit here - has been staying with mother last 2 weeks and wants to go back there - most challenging behaviour since he has been back just as before he went to his mother.

5.1.15 Security

All the children were reported to be secure in their current placement; three of the children, however, were reported to experience some conflicts in their feelings about their current placements.

“She is secure in both places - she knows it is going to change she is aware but doesn't want to accept it.”

“He understands why he can't be with his mum but can't understand why he can't be with his sister - we all want her home, we are her family - this home is his home and has been even when he was away - his memories are here - he was made to bond with last caregiver.”

Caregivers of six of the children were tentative in their answers, suggesting some uncertainty about how secure their children were.

“I believe he is very secure with us.”

“Don't think it could be much stronger - never questions it.”

“I am pretty sure he knows we love him and that he belongs - he feels safe - this is his family.”

“I think she feels security – she believes her sister went to boarding school rather than getting removed from my care.”

“He is not a confident boy but I think he does feel secure knowing that we will always look after him.”

“I tell him he is loved by Nana, mother, father etc. I am not sure if he feels secure with me, have tried really hard to make him secure - really don't know - says he wants to go back to his mother.”

Caregivers of four of the other children were more confident about the security of their child. Consistency and familiarity were considered important to children's security.

“As long as familiar people (family and friends) are around she feels secure.”

“He is secure in the sense he knows he will always have a home with us.”

“Secure at home - likes things to stay the same - home must stay the same.”

5.1.16 Assessment Checklist for Children (ACC) and ACC+

The following table provides the ACC-SF (Short Form) outcomes for the children. These were reported by their caregivers.

One child was reported to present with sexual behaviours in the clinical range. Four of the children were reported to present with pseudo-mature behaviours in the clinical range and five children within the elevated range. Five children were reported to present with non-reciprocal behaviours within the clinical range and three children within the elevated range. Five children were reported to present with indiscriminate behaviours within the clinical range and four children within the elevated range. Five children were reported to present with insecure behaviours within the clinical range and two children within the elevated range. Three children were reported to present with anxious-distrustful behaviours within the clinical range and two children within the elevated range. One child was reported to present with abnormal pain responses within the clinical range. One child was reported to present with food maintenance behaviours within the clinical range and two children within the elevated range. Two children were reported to present with self-injury behaviours within the clinical range.

Table 3: ACC Outcomes

Child	SB	Ps/M	NR	In/D	Ins	A/D	AB/P	Food	SI	S E	N/SI	LC	SE/ R	SE/ C %ile	C	R	C %ile
1	0	1	2	8	0	2	3	0	6	11	2	8	N	18	22	C	76
2	0	4	9	6	1	0	0	3	0	2	0	2	N	4	23	C	76
3	0	2	3	3	3	0	0	0	0	7	2	4	N	12	11	B	46
4	0	9	5	5	5	1	0	8	0	13	6	6	N	38	33	C	86
5	0	3	1	5	5	5	0	0	0	21	12	8	B	50	19	C	69
6	0	4	2	1	2	0	0	0	0	19	11	7	N	49	9	N	46
7	0	2	2	2	3	5	0	2	0	6	1	5	N	10	16	C	58
8	0	2	0	4	2	0	0	0	0	6	1	5	N	16	8	N	42
9	0	0	1	3	1	0	2	0	0	7	0	7	N	12	7	N	27
10	0	0	6	4	1	0	6	0	0	14	5	8	N	27	17	C	62
11	0	3	2	0	0	2	0	0	0	5	2	3	N	12	7	N	38
12	2	8	11	8	4	8	0	4	4	16	7	8	N	31	49	C	98
Key	SB = Sexual Behaviour; Ps/M = Pseudo-mature; NR=Nonreciprocal; In-Dis=Indiscriminate; Ins=Insecure; A/D=Anxious Distrustful ; AB/P= Abnormal Pain Response; Food = Food Maintenance; SI = Self Injury; SE= Self Esteem ; N-SI=Negative Self Image; LC=Low Confidence; SE/R=Range (C/clinical – B/borderline – N/Normal); SE/C - percentile; C=Clinical (total score); R = Range; Clinical percentile: < 46 = normal; between 46 and 58 = borderline/clinical; > 58 = clinical range																

On the Self Esteem Scales ten children were reported to present with behaviours that indicated negative self-image and all the children were reported to present with behaviours that indicated low confidence. Eleven of the children's scores fell within the normal clinical range with one child's score in the borderline clinical range.

In respect of the Total (Clinical) ACC scores, seven children scored within the clinical range with one child in the borderline range and four children scoring within the normal range.

All the children showed some improvement (as indicated by the ACC+) in their presenting behaviours (on the ACC) over the six months prior to interviewing. This could indicate the placement with the caregiver had been helpful in reducing the ACC symptomology.

5.1 17 Language Capability

The Mean Length Utterance (MLU) and Longest Utterance (LU) were calculated for each of the children from their first transcript (the Journal Interview) to establish the language competency of each child participant.

Table 4: MLU and LU Calculations for Journal Transcript (Interview 1)

Child	1	2	3	4	5	6	7	8	9	10	11	12	Average
MLU	4.28	4.11	3.17	7.4	4.87	5.74	7.12	6.03	7.86	1.91	8.48	7.03	5.57
LU	16	28	23	57	40	40	56	46	108	12	81	74	48.42

The language competency scores for the children ranged from 1.91 words per utterance to 8.48 words per utterance. The LU over the length of the transcript reflected each of the children's MLU scores. The total average MLU score was 5.57 (6) words per utterance. The total average LU score was 49 words (48.42).

Two children had MLUs fewer than 4 words per utterance, three children had between 4 and 5 words per utterance and seven children had over 5 words per utterance. The higher MLUs were not restricted to the older children.

Although there is no given indicators of average language competency in literature it was evident which children had language difficulties as MLUs matched interviewer observations of children misinterpreting questions, and increased misunderstandings when communicating.

Less than 50% of the children had language competency challenges. Two children were observed by the interviewer to struggle with the comprehension of some of the questions. The child that had the lowest MLU did not appear to have problems with understanding the question rather the low MLU was more likely to be linked to his comfort level supported by his report "I don't like talking".

The MLUs appeared not to contribute to the identification of comprehension problems. The children with which comprehension was observed to be a possible problem had reduced LUs compared to those who did not.

MLU did however appear to be associated to comfort levels. One child's MLU decreased as she became more comfortable, eleven of the children's MLU appeared to increase with comfort and this will be discussed in further detail below.

The MLUs were adequate in contributing to the identification of children that were able to competently verbalise however appeared to be limited in the contribution to the identification

of children who were hindered in the ability to comprehend (e.g. Child 4 and 8). The MLU appeared to relate to comfort which could be further explored to refine the comfort measure.

5.2 Sample Profile

In summary the age, gender, ethnic representation and range of age of entry into care presented a varied sample population that is more likely to represent the diversity of children in kinship care in New Zealand.

The majority of the children had no previous placements which appropriately reflect the shift in the commitment in the New Zealand care system towards family preservation and the “home-for-life” (Ministry of Social Development Te Manatu Whakahiato Ora, 2010).

Over half of the sample group had experienced maltreatment with some having experienced multiple forms of abuse. The majority of the children had witnessed domestic violence. There was only one child who did not have any experience of maltreatment or domestic abuse. This corresponds with the literature of children coming into care with complex histories of trauma.

The majority of the children have sporadic, unpredictable contact with their birth mother and the majority of children have no contact with their birth fathers. The children have a myriad of complex relationships with birth parents and siblings ranging from not knowing who they are, to not being allowed to see them or never knowing when they might see them. This sample provides a good representation of the birth contact problems that have been identified in previous literature.

The majority of the children have either a mental health diagnosis or a developmental delay. Some of the children have multiple diagnoses presenting a complex array of behavioural, emotional and psychological challenges to their functioning and developmental trajectories. This sample of children is representative of those children that come into care with complex histories and behaviours identified within the literature on children in out-of-home care.

All the caregivers are grandparents reporting average to good health with the majority of the children living within a two grandparent home and under half living as the only child within the home. For less than half of the grandparents this is their first time taking on the care of a child placed with them and less than half of them have identified they have had any specific training. However the majority of them have contact with other caregivers.

The majority of the children have placement stability with less than half reported to feel insecure, unsettled or hoping for a return to their birth parents. Less than half of the children are intended to return to their birth parents' care at some point with the majority of children being reported to be happy with the placement decisions.

The majority of the children are reported to feel secure with a sense of belonging with their caregivers. Just over half of the children call their grandparents *mum* and *dad*. The children's discussions about their birth parents are reported by caregivers to be mainly about the birth mother and range from not talking about her at all to asking questions to talking a lot about her. Only a few children are reported as being negative about their birth mothers.

Less than 50 % of the children had language challenges (under the sample average of 5.57) in respect of expressive language however some child participants who presented with MLUs over 5 words utterance appeared to struggle with the comprehension of the questions or statements. See Figure 3 and Figure 4 for table summaries.

5.3 Child Interview Profiles

The following results are the collation of the Child Interview Profile; the child reported data collected from the Journal Interview Activity, and the Child Observation Checklist.

The children were asked if they preferred to complete a pen and paper version or a computer version of the journal. All the children wanted to complete the computer version but only three out of the twelve children did so. The caregivers intervened and over ruled the children for one of two reasons – a) “it is too hard to manage them each on the computer – they will end up fighting” (in the case of sibling sets) and b) “I don't know enough about computers I will not be able to help them if they get stuck”. One of the three children that opted to do the computer version completed the pen and paper version in the end because she got stuck.

The information provided from the above sources was collated into a Child Interview Profile for each individual child (refer to Appendix 4 to view an example). This material gave an understanding of each child prior to the interviews, determined if caregiver report could be used to promote comfort in the interviews and identified child led method choices.

Refer to the tables in Appendix 5 for the information which was collated into the Child Interview Profile from: child report (ChR), caregiver report (CR) and interviewer

observations (O). The tables list each of the individuals (CH1 – CH12) information as documented on their individual profile.

5.3.1 Preferred Activities

Six of the children disliked writing and three of the children identified they disliked talking. Seven children identified they liked puppets and two said they disliked puppets. All twelve of the children preferred computers. The majority of the children liked most activities. Caregiver report generally matched the child's report of preferences. There were occasional differences; for example when the caregiver for child 6 identified the child disliked puppets and the child reported she did. Sometimes the caregiver identified a preference in a general way whilst the child reported more specifically. An example of this is caregiver 9; reporting the child liked talking and the child reported he was afraid of public speaking and having his voice recorded, but liked some types of talking.

5.3.2 Topics of Interest

The topics of interest were diverse and unique for each of the child participants. Children were not asked specifically what their interests were, but they often initiated the conversations about what they liked when asked the questions: What are the best things about being me and what do you like *about talking* to an adult? The latter question was often confused because of the ambiguous wording of the question. It was instead often interpreted as; what do you like *talking about* to an adult? Caregivers were asked: "Please describe your thoughts on what would make the interview process an enjoyable experience for your child". Their responses were varied and can be seen in the table in Appendix 5. "Topics of Interest" were added to the Child Interview Profile if identified by either the child or the caregiver. Observational data supplemented this information.

5.3.3 Potentially Distressing Topics

Two children reported topics that may be distressing for them. Two caregivers did not provide specific information about potentially distressing topics. The caregiver of child 1 identified this was because his behaviour was unpredictable; and the caregiver of child 11 identified her child didn't get upset as much anymore because she had matured. The majority of the children had difficulty in reporting topics which were potentially distressing.

5.3.4 Signs of Anxiety and Distress

All the children reported on their signs of anxiety. All the caregivers reported on their child's signs of anxiety. Eleven children reported on their signs of distress. All the caregivers reported on their child's signs of distress. Nine children reported about their behaviours when distressed, two children reported their emotions and two children reported a physical feeling. All the caregivers described specific behaviours. Nine caregivers reported behaviours associated with being angry. The caregivers were able to describe explicitly the behaviours of the children while the children were limited to general emotions and actions. This could be related to the adults having a greater range of vocabulary than the children. The majority of the children were able to determine when they were anxious or distressed and identify what action they would take.

5.3.6 Coping Strategies

Children were not asked specifically about their coping strategies however they often provided this information when responding to the statement: "When I get worried it makes me do" Nine children reported strategies they used to calm themselves when anxious. The other three children reported the behaviours they do when worried:

C2: "Crying – when my dad dies, when my mum dies."

C4: "Cried and scared."

C6: "Bad things, jumping on my bed and swearing."

All the caregivers reported the calming strategies used by their children. Overt calming behaviours were observed by the interviewer in two of the children.

The above information was collated into an Individual Child Profile, additional information which was deemed important in respect of conducting the following interviews and specific recommendations were added.

The types of Additional Information added to the individual Child Interview Profiles and the Design Recommendations added to the individual Child Interview Profiles can be seen in Appendix 6 and 7.

5.3.6 Additional Journal Interview Questions and Responses

The following questions and responses are those which have not been included in the information above but were collated into the individual Child Interview Profiles. They were included to provide a more comprehensive picture of the children. The bracketed comments are the verbal responses of the children provided when the interviewer sought further clarification. Some children indicated additional emotions on the comfort measure. The children's responses also provided insights into how effective the interview method was in getting information from the children.

What are the best things about being me?

Some children found it difficult to identify good things about themselves. For these children they provided no written response and required additional prompting.

No written response decorated with stickers ("Monkey bars –skip bars and go backwards, good at working, maths, patterns").

No written response – drawing ("I like gardens, cats and any animals and that I am a very cheerful girl").

One child needed prompting from the caregiver.

No written response decorated with stickers – ("Don't know" - caregiver helped prompt some answers – very good story writer, speech and drama, tries anything).

Those children that identified things that were emotional for them needed additional prompting.

No written response – drawing ("go to the blue house and do work" - goes to counselling to work on his anger).

Seven of the children wrote their responses onto the journal; five of the children drew pictures or decorated with stickers and then gave their responses to the interviewer verbally with the assistance of interviewer prompting. One child found this difficult and required prompting from the caregiver.

What are some of the not so good things about being me?

Some of these responses included reports about topics that had the potential to threaten their felt security and required further prompting from the interviewer.

No written response - drawing ("Break toys, got anger").

No written response – drawing and stickers ("Anger").

Other children offered these felt security topics without prompting but were expanded upon clarification by the interviewer.

"Doing, thinking" (having to do maths and writing) (big worry circle indicated).

"Not seeing my mum and dad a lot, sometimes being teased (about not living with my parents), earthquakes, I get sick a lot".

"I don't get to live with my mum and dad" (big worry circle indicated).

Two children responded about their separation from their birth parents, four children identified emotional aspects, five children identified behavioural aspects they did not like and three children identified physical aspects and four children identified aspects of their competence. One child identified peer relationships. One child is included in the identification of both emotional and behavioural aspects and one child was included in the identification of birth parent separation, peer relationships and physical aspects. Two children identified both physical and competence aspects.

What makes me worried when talking to a grown up?

Four children provided no written response; one of these provided a drawing response. Two children provided no response; one provided a response when prompted; and the other never gave a response.

Three children identified they had no worries in talking to an adult. Nine children indicated worries about talking to an adult that would prompt feelings of discomfort.

"They might take me away".

"Sad and mad" (if they don't know my name – strangers might take me away).

“Talking about my mum”.

The majority of the children emphasised needing to “know” the adult.

“Never seen them before, they don’t know my name”.

“I might not know some adults”.

Interviewer observations indicated the majority of the children were less verbal and less willing to discuss this question in comparison to the other questions, showing signs of discomfort.

What do you like about talking to a grown up?

One child provided no response until prompted by the interviewer one child provided both a written and drawing responses. Ten children provided written responses. Three children required extra prompting because they understood the question as “What do you like talking to grown-ups about? It was often clear when children misunderstood the question though their response.

“Going to time zone, get toys, get cash, talking about my friends”. (Nan, teachers – if I get worried they can help me out).

Three children identified grown-ups as being able to help. Five children identified grown-ups as being caring (two) and friendly (three).

“That they can help me if I get lost”.

“Grown-ups listen they help me”.

“Friendly, I like it”.

“They are nice and friendly – to (interviewer) you are awesome” (interviewer listens to me).

“They listen to you; always smile and they care about what you are saying”.

“Okay” (any adult if you know them or like a policeman, adults care more than kids).

Two children identified a caregiver; one child identified an aunty; two children identified the interviewer; three children identified teachers; and one child identified people at church as being the grown-ups they liked talking to.

No written response (“Don’t like it really”) (like talking to my teacher she knows what to do when you’re mad she helps me a lot – I like talking about motorbikes).

Written and drawing response “I like talking to dad (grand-dad)” (cos I love him).

“Myself” (like talking to teacher, you, people at church makes me cheerful, make me want to say something nice about them, they give fun stuff to do).

What do you think grown-ups should know about you?

Five children provided no written response; three of these provided a verbal response when prompted; two provided no verbal response when prompted. Seven children identified grownups should know something about them; one of these suggested they should just know this from looking at them.

No written response (“that we are children they [children] do get mad and they [adults] can solve it”).

“She should know who you are”.

“That they should know my name and address”.

Decorated with stickers, no written response (“if I am happy or sad – they should know this by the way I look”).

One child identified they should know nothing about them. Two children provided advice to adults about working better with children.

“They should know a little bit about you. They should know what they are going to say first”.

“Know what things I like to do, know what games I like to play, what things I don’t like”.

Two children reported personal information

“I love living with my Nana”.

“If people have been hurting me – if I am sick”.

The questions grown-ups should ask to understand what things are like for you? Questions they should ask or not ask.

Five children provided no written response to one or more of the “to ask or not ask” questions; four of these children provided no verbal response either to one of the “to ask or not to ask” questions. Three children identified they wouldn’t talk in response to a question they did not want to answer. Some children acted this out by not responding. One child identified he did not like being asked questions.

No written response (to ask: no verbal response) (not to ask: “I just wouldn’t talk”).

To ask: “Happy and fine”. Not to ask: no written response (“I just wouldn’t talk”).

No written response (to ask: “about motorbikes, Ducati’s”) (not to ask: no verbal response – just shook his head).

No written response (to ask: no verbal response) (not to ask: “a question, I don’t like questions”).

Eight children identified topics that were personal to them; three of these identified topics that involved their birth parents.

To ask: “how are you, how old are you, is this a fine house for you, what is your best thing at school?” Not to ask: “Where is your dad” (“it is a sad story – I would tell family or people I know quite well”).

To ask: “Did you have a good day”. Not to ask: “My mum”

To ask: “Do I like it here”. Not to ask: “Don’t want to be asked why I live with my Nana and popper (poppa)”.

My three wishes.

The following responses are presented in the order of their first, second and third wish.

Two of the children provided no written response however provided verbal responses when prompted by the interviewer. Five children made wishes that were material in nature.

No written responses (“I wish I was older so I could have a dirt bike, Ducati, a new house (castle)”).

“Motorbike, flip top cell phone, computer.”

No written responses (“wish I had a skateboard, lived in a castle, had a race car I could drive”).

“I had a farst (fast) car, lived in a castele (castle), to have \$10.000.”

Three children wished for pets as at least one of their wishes.

“I wish I had a horse, I wish I had a puppy of my own, I wish all the people in Christchurch would be safe.”

Five children reported wishes that included attachment relationships.

“My first wish is to have mum come back, my second to have Chihuahua puppies with K* (best friend), third wish to have fairy china ornimints (ornaments) of tinker bell”).

“That I could have my dad back, I wish that I could have my cat named P* back, have my cat named J* back to.”

“I wish I can have my mum back, I wish I can stay with my Nana. I wish I could be a ballerina.”

“I want to live with my baby sister, have anything in the world, have super powers and live with my mum.”

“Amber stone necklace, S* (sister) to come over for a sleepover and her not to get sick, for S* (sister) to come over for a sleepover and me not to get sick” (“people beat me up when I say she is coming they beat me up, the teachers don’t see, they don’t believe”).

Three children reported wishes that were related to what they wanted to be or do; one of these reported all three wishes about his bad behaviour. Four children reported in one or more of these categories.

“To be a road worker, to live on a farm when I grow up, to create a PS2 game.”

“To be good, don’t be naughty in the shops; don’t be naughty in the car” (“my wishes won’t come true”).

Anything else I would like to share.

Three children did not respond either in writing or verbally. Two children responded they had nothing to add. Three children responded about their attachment relationships, one child responded about a best friend. Three children provided more information about themselves. One child responded about the interviewer.

“That me and K* (best friend) are the same age, that I had 9 cats (then names them).”

“That I love the world” (“except strangers, I am afraid they will kidnap me”).

“I want to keep on doing ballet with Nana.”

“I miss my baby sister.”

“I love living with my g&g” (grand-dad and grandmother) (“I get loved and spoiled”).

“Can you come again, LOL you are awesome.”

5.3.7 Method Discussion

The majority of the children reported they completed the journals by themselves, asking their caregivers sometimes to help them understand the questions. This appeared evident through missed questions, language use and spelling errors. There was one child who reported her caregiver helped her with some of the questions however she found it difficult to answer them during the interview which resulted in these questions being explored verbally during the journal interview.

I: What were you thinking about then?

CH4: huh?

I: what were you thinking about then?

CH4: I don’t know what to write and Nana helps me.

The use of journals as a method of data collection replicates to some extent the use of surveys in some studies to collect data from children. It was evident through the children's completion of the journals that the majority of the children at times did not respond in depth to the written format and some did not provide responses at all. This method restricted their responses and the verbal promptings of the interviewer contributed to the provision of richer data. When children used pictures to express themselves this necessitated a verbal explanation of the picture to clarify and expand their meaning. This suggests surveys alone without accompanying interviews may be less fruitful in producing rich data.

The Journal Interviews provided opportunities for the children to raise information they felt was important for the interviewer to know about them. When collated into the interview profiles it added to the interviewer's knowledge of the different ways in which children were likely to respond to questions that could threaten their felt security. Some children were more willing to provide information that was sensitive and this was evident through their raising these topics themselves during the interview process. It was evident the use of journals alone as a data collection method provided inferior data to the use of the journal as a prop alongside an interview.

5.4 Stage 1 Comfort Measures

The results of Journal Interview 1 highlighted the complex nature of supporting and measuring participants' psychological comfort. The analysis process was directed by the recognition of this and the identified need to explore the concept of comfort further to ensure the refinement of future interview approaches encompassed strategies that could enhance participant comfort.

Comfort Measures were conducted at the beginning and the end of the Journal Interviews (1). Other comfort measures were conducted when the child appeared uncomfortable or when the child opted to use the comfort measure themselves (refer to Appendix 8 for the Stage 1 Comfort Measures).

Five children reported some measure of discomfort during the interview process, included in this was a child that indicated "relief" when the interview was over. Five children reported a distressed feeling when talking about a topic during the interview. This demonstrates the fluidity of emotions over time and space and reinforces the need to pay attention to the emotional wellbeing of the child throughout the entire interview process.

5.5 Comfort Measures and Mean Length Utterances - MLUs

The use of MLU was to have been used solely for the identification of language competence. It, however, appeared to be reflective of the children's comfort experiences. The use of the MLU was therefore extended and explored to identify if it were consistent with children's comfort reporting and interviewer observations of children's comfort.

5.5.1 MLU Patterns

The MLU patterns throughout the interviews appeared to be aligned to some of the child reports of comfort (refer to Appendix 9). This reinforces the notion that the MLU may be a helpful data set to contribute to the refinement of the comfort measure to increase its validity. Although no conclusions can be drawn because of the low sample numbers there were some tentative patterns when comparing the MLUs to the individual children's reports of comfort. The MLUs provided a useful additional set of data in their contributions to a more comprehensive investigation of children's comfort experiences. Initially six children's comfort reports reflected their MLUs.

CH1: The child indicated a *big happy* at the start of the interview and a *medium worry* at the end of the interview (because he worried about the gingerbread he made) when asked how he felt talking to the interviewer. His MLU was 4.2 words (Beginning 4.1; Mid 6.0; End 4.3). If MLU are reflective of his comfort level these changes to his MLU over the span of the interview were aligned to his reports of decreased comfort at the end of the interview but not the start of the interview.

CH2: The child indicated a *big happy* at the start of the interview and a *big happy* at the end of the interview when asked how he felt talking to the interviewer. His MLU for the interview was 4.17 (B 5.1; M 4.5; E 2.9). If MLUs are reflective of comfort they decreased progressively over the span of the interview. This does not support his report of being happy at the end of the interview yet is aligned to his report that he was sad talking about his mum and dad dying. He was still sad at the end of the interview and in the post interview measure.

CH3: This was his first contact with the interviewer as he was not at the first meeting; where more time was taken to discuss the purpose of the interviews. The interviewer did not take sufficient time to explain the purpose and allow the child to ask any questions. This child identified his beginning comfort as a *medium worry* indicating he

was nervous (uncomfortable) to begin with. The child's voice was very quiet at the beginning becoming slightly louder over time. Single word replies were extremely high at 37. His MLU was 3.53 (B 1.36; M 5.3; E 2.2). It is to be noted the interviewer talked more towards the end of the interview to explain the intended research process as he missed the initial meeting with the interviewer this reduced the child's (E) MLU. His middle MLU was aligned to his comfort reports and the interviewer observations.

CH6: This child was observed to be nervous (very quiet voice) at times throughout the interview. This was also evidenced by her commenting on it right at the end of the interview. Although the child reported a *big happy* about the interview to start with she reported at the end of the interview she had been nervous at the beginning. Her MLU = 4.62 (B 2.0; M 2.8; E 4.9) reflected her report of nervousness at the beginning of the interview with comfort increasing over the span of the interview.

CH7: The child reported being bored with the questions and became frustrated with the interviewer's attempts to elicit information. The child's focus was on having fun by playing. The child was observed to become more frustrated with the interviewer and interview and this was reciprocated by the interviewer. His MLU was 6.73 (B 8.7; M 4.7; E 1.6) which reflected his reported comfort of *big happy* to start and *big relief* to finish.

The observations of what appeared to be children's nervousness were not always accurate and sometimes became confusing for the interviewer... The children's MLUs were useful at these times to assist clarity around discomfort because of nervousness.

CH4: There was a conflict of child reporting being happy with observed indicators of nervousness (nervous giggle and sporadic eye contact). The combination of the nervous giggles and the high 'I don't know' responses made it appear the child was uncomfortable for most of the interview time. The child indicated a *small worry* to start the interview and a *happy* to finish. The child indicated a *small worry* at the start of the interview and ended on a *big happy* circle – this was not adequately explored by the interviewer but rather (maybe incorrectly) assumed it was because of relief as the child's report of comfort appeared to contradict her observed body language which presented as nervous (giggly and shy body language) throughout the interview. Her MLU was 7.3 (B 6.1; M 8.5; E 8.2). If the MLU reflected comfort they were aligned to

the child's reports of comfort as becoming more comfortable throughout the interview in contradiction to the interviewer's observations of body language. It may be this child always presents as nervous or this could be the effects of the medication she was taking. She had a high ACC score and presented with attachment difficulties and mental health concerns. She was one of the two siblings that still had involvement with CYF (hence possibly making her placement perceived as less stable).

There were individual children where the MLU was not representative of their comfort report. This may be when children are focused on maintaining their image as capable.

CH5: The child was observed to disassociate on the final interview measure when the interviewer drew attention to her mistake by saying in a light hearted way "did you get a bit confused there". The child defiantly responded by saying "NO" and then appeared to disassociate. This was not reflected in her MLUs across the interview which remained consistent (B 3.2; M 4.2; E 4.1) or her self-reported comfort of a *big happy* to start and a *big happy* to end the interview.

CH11: The child's MLUs were 8.26 (B 4.6; M 8.8; E 8.3) and her reported comfort was *big happy* to start and *big happy* to finish. The B MLU was low contrary to the child reporting a *big happy* to start the interview process. Whilst it was consistent with interviewer observations of discomfort including fast talking, nervous giggling, baby talk and imaginative talk. This child initially reported not wanting to talk to the interviewer and having fear of talking to new people. She later refuted this and said she just didn't want to.

Whilst the majority of the children reduced their responses when uncomfortable two children appeared to talk more when very nervous or excited.

CH8: Her MLU was 6.02 (B 12.0; M 4.5; E 5.5). The beginning MLU of 12 was high and decreased to 5.5 by the end of the interview this reflected her reported comfort level of a *big happy* (very excited) to start and a *big worry* to finish. The child reported her *big worry* was that the interviewer would not return. The midway MLU of 4.5 was the lowest across the interview when the child was discussing feeling sick with worry.

The MLU appeared to remain consistently low when language capability was low.

CH10: This child's MLU through the span of the interview consistent at (B 1.8; M 2.0; E 1.8) as was his comfort reporting (*big happy* from beginning to end) despite his reported discomfort of talking. The low MLUs were likely to be a combination of his mental health diagnosis and low language capacity. It is reasonable to assume this child's discomfort about talking was linked to his low language capability (reported also by his caregiver). This discomfort appeared to be outweighed by the child's happiness of being listened to by the interviewer and enjoyment of the interview activities (as reported by the child).

CH12: The interviewer allowed the child a lot of control within the interview which resulted in the child leading the conversation and providing information about his lived experiences of being in care. His MLUs were 7.09 (B 7.0; M 5.5; E; 9.0) and were reflected in his reported comfort which was a *big happy* to begin and a *big happy* to finish.

The MLUs of seven children mirrored their reports of comfort. The MLUs of five children were less clear in their reflection of their reports on the comfort measure. One of these five children's had a B MLU which was not reflective of her comfort report yet the M and E MLU were reflective of her comfort report. Two of the five children had low language MLUs which were consistent over the span of the interview. One of the five children had conflicting reports of comfort (sad about the topic yet happy about talking to the interviewer about that topic) and the last child of the five children reported *happy* on the comfort measure but discussed a potentially distressing topic (his birth father's discomfort with him talking about his past) towards the end of the interview. This indicates the use of MLUs in establishing comfort or discomfort of children is worthy of further investigation.

5.6 Post Interview Measure

Three children were unable to be contacted to complete the child report section of the post interview measure. One child was upset when the interviewer left until she was telephoned. She did not think the interviewer would return. Another child was still a little worried about the sensitive topic of his dad dying. Two children couldn't remember how they felt. Five children identified there was no worry when the interviewer left. One child reported being happy. Seven children reported they had no worry about the interviewer returning. Two

children reported they were *happy, excited*. Nine children identified they wanted to do the next interviews and one child reported it was up to the interviewer.

Caregivers reported eleven of the children were good or okay after the interview. One caregiver suggested why the child may have been upset when the interviewer was leaving, and gave reasons other than the interview. One caregiver reported they hadn't talked about how the child was feeling at the time of the measure; two caregivers reported the child had forgotten about it; and nine reported their child was okay or feeling good about it. One caregiver reported their child had been suspended for biting a teacher. Another caregiver reported their child had been admitted to The Princess Margaret Hospital. Caregivers of six of the children gave the telephone to the child to respond whether they wanted to continue with the research; and four advised their child would want to; and one caregiver advised she thought her child might want to (refer to Appendix 10 for the Post Interview Outcomes).

These reports suggest that the eleven of the children had an experience that led them to want to continue participating in the research process. One child left it in the hands of the interviewer. When the interviewer refused to make the decision he said "okay". Two children were left with some reported discomfort after the interview. Two other children appeared to have some behaviour problems although this was reported as not being out of the ordinary. This emphasises the need to attend more closely to the closure of the interviews.

The interviewer-child relationship and the construct of comfort were identified as requiring further analysis. Grounded theory provided the best analysis procedures to explore this relationship (see section 3.6.4).

The following chapter presents further results from the Stage 1 data collection. The results reported in Chapter 6 are the results of analysing the Journal Interviews transcripts through the grounded theory procedures.

CHAPTER SIX: GROUNDED THEORY ANALYSIS – JOURNAL INTERVIEW

6.1 Grounded Theory Analysis of Journal Interview 1

The purpose of the grounded theory analysis was primarily to explore the interviewer-participant relationship and how this might contribute to the children's comfort experience. It resulted in providing information to refine the interviewer's skills and so enhance the child participant's comfort as well as increasing the understanding of the construct of comfort. The categories identified as contributing to interviewer skill and participant comfort are presented, defined and supplemented by examples from the interview transcripts.

Decision-making during the research process followed a reflective process. This can be captured in the research reflections in the excerpt below. These excerpts are from the researcher's reflection journal prior to selecting the analysis methodology and directed the decision-making about what methodology would best answer these questions

Researcher's Reflection Journal

How can I maintain participant comfort if I am unclear on what contributes to this comfort? The children have indicated on their journals and in discussions that they need to know the person and the person needs to know them. How is this achieved? How well do you need to know the children to facilitate a comfortable interview experience for them? Will children attach to the interviewer causing potential psychological harm on exit? Is building a relationship the same as building rapport?

How does the adult role affect the child participant? When is the interviewer uncomfortable, how does this affect the interviewer-participant relationship? How does interviewer skill affect the relationship?

What does child participation look like? When is natural and relaxed conversation achieved? How does it affect participant comfort? What does child competence look like? How does that affect participant comfort? Why do some of the children say "I don't know all the time? Is it a communication strategy to avoid because they are uncomfortable or do they really not know? Is imaginative talk a strategy to avoid a question or boredom, or is it an illustration of 'being child' or just a natural part of a child's individual communication style? How do these factors affect the relationship and vice versa?

Why would a child give a contradicting answer? Maybe to 'save face' or when their defences are challenged, this would indicate a communication strategy is being used to avoid the question or topic or could it be that they didn't fully understand the meaning in the first instance. Do children use strategies when uncomfortable?

Figure 14: Reflection Journal Excerpts

6.2 Category Definitions

The grounded theory analysis of the children's transcripts from interview 1 resulted in a number of sub-categories. Sub-categories were grouped according to their function within the interview context. A category was identified to suitably represent and define each grouping of sub-categories. These categories were identified during analysis and described below. These definitions were standardised over the process of the research.

Interviewer Skill: identifies a skill used or not used for effective interviewing e.g. to interpret body language, signs to adapt the interview or adopt a strategy. Low skilled factors and skilled factors were determined by; either the positive (skilled) or negative (low skilled) influence they had on the children's engagement, level of participation and comfort.

Interviewer skill includes: interviewer comfort; and the use of adult communication strategies as defined below.

- *Adult Communication Strategy:* use of a specific and deliberate strategy by the interviewer to aid communication or promote comfort.
- *Interviewer Comfort:* the level of ease or unease the interviewer feels in the interview. This may be influenced by interviewer skill, such that increased skill increases interviewer comfort, and increased comfort allows better skill employment.

Adult Role: Adult Being Child, Unusual Adult or Adult – indicated by the behaviour adopted by the interviewer – can be used as a strategy, however in these interviews was usually subconsciously driven and represented a natural part of the interviewer's communication style.

- *Being Adult:* using language or behaving in a way that is typically adult.
- *Unusual Adult:* using language, noises or behaviour in a way that is not typically unexpected of an adult such as not telling the child off for disruptive behaviour.
- *Adult Being Child:* the interviewer using language, noises or behaviour in a way that is typically associated with being a child.

Interviewer or Child Characteristics: gender, age, ethnicity, language ability, mental health, lack of understanding. They are factors which were relatively stable over the span of the study.

Child Role: The role the child adopts in relation to the interviewer.

- *Being Child*: using language, noises or behaviour in a way that is typical of being a child.
- *Being Equal*: a child uses language, strategies or behaviour that communicates they are on an equal par with the adult interviewer.
- *Being Adult*: a child treats the interviewer as a child e.g. adopts the teacher role.

Child Competence: refers to a low/high language ability or low/high interview skill – may be real or self-perceived. Child competence includes:

- *Communication Style*: the ways in which the child naturally communicates including demonstrating a point with gestures; checking for understanding.
- *Communication Strategy*: intentional strategies the child is likely to have learned when communicating with adults. The strategies may be classified as low competence or competent strategy skills depending on whether they inhibit/aid effective communication with the interviewer.
- Other unintentional factors that inhibit/aid effective communication.

Child Participation and Engagement: This is the extent to which the child is involved in the interview. This can be seen through their active engagement in interview tasks, responding to the questions or self-initiated discussions.

It can include child initiated or interviewer (adult) initiated participation.

- *Child Initiated Participation*: the child's demonstration of their dis/engagement within the interview process e.g. offering an explanation to help the interviewer understand, offering extra information without prompting.
- *Adult Initiated Participation*: the interviewer actively involving the child's participation within the interview process.

External Influence: something or some other person interrupting or influencing (by contribution, prompting, instructing, correcting) the interview communication or process.

Ethical Issues: highlights an ethical concern about the process or potential concern for pursuing information the child appears to not want to provide e.g. confidentiality,

disengagement, withdrawal of assent during the interview or the child engaging an avoidance strategy.

Interview Methods: The methods, techniques and tools used to collect data, facilitate communication and/or participant comfort within the interview setting.

Conversation: When both the child participant and the interviewer get into a natural and relaxed flow of conversation about daily living compared to the rigid question/response pattern.

6.3 Central Category - Participant Comfort

A central category was identified from the data as Participant Comfort. It was identified the factors in Figure 15 are those which may contribute to how comfortable the children felt when being interviewed. When children were participating and fully engaged in the interview process they were observed to be experiencing more comfort. This section will discuss the factors contributing to participant comfort examples from Interview 1 will be provided.

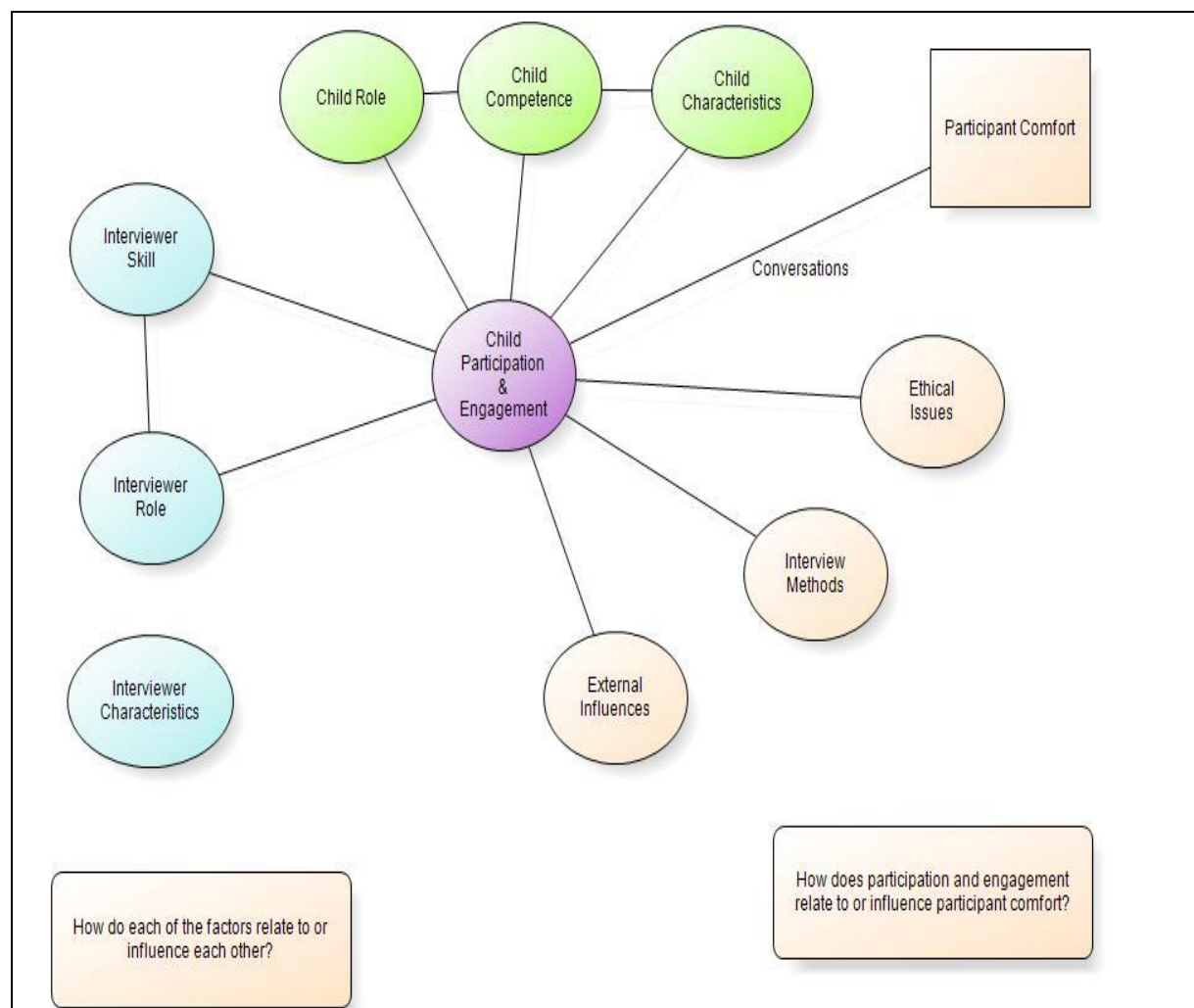


Figure 15: Hypothesised Factors Influencing Participant Comfort

6.4 Category Examples

6.4.1 Interviewer Skill

Pezalla et al. (2010) suggests that researchers and interviewers are often co-participants of a study. In the present study the interviewer was treated as a co-participant. This encouraged the self-reflexive assessment of the researcher's interview skills. The interviewer's skill levels, which include use of communication strategies, role adaptability and affected by interviewer comfort, affected the interviewer's ability to flexibly respond to the needs and communication styles of the children. This in turn was thought to either limit or enhance the children's participation and engagement in the interview, having a flow on effect on their comfort experience.

Some of the interviewer skills identified in interview 1 as useful to the child-interviewer interactions were: able to adapt and be flexible in questioning styles (re-words, validates, participates in relaying experiences, diverts to and from interview topic, prompts, drops and picks up interview agenda etc.); able to identify and respond to participant body language (validates, allows thinking time, reassures, affirms, change tone); able to adapt interview methods as required (divert to and from parallel activity, introduce new activities, follow child led preferences); and build rapport.

Some of the skills identified as unhelpful to the child-interviewer interactions were: over-focus on interview agenda (ignoring, leading and interrupting); rigidity of questioning style (probing for the same question, talking too quickly, not allowing for thinking time, repeating the question without changing it to maximise understanding, lengthy questions, asking too many questions in a row); and becoming distracted (not acknowledging or overlooking an important statement from the participant, allowing interruptions to distract, focusing on the wrong part of the answer, missing opportunities for expanded discussion).

The following are examples from the findings of each of the identified categories.

6.4.2 Interviewer Strategies and Skill Employment

CH4: There were 19 "I don't know" responses during this interview. Strategies that worked well for the interviewer which resulted in increased word responses from the participant were mirroring the child's ability to verbalise concrete experiences by re-telling a real life experience and providing sentence starters. The interviewer prompts were not successful in reducing the 'I don't know' responses. Caregiver prompts were sometimes helpful.

CH4: K*'s mum.

I: K*'s mum? What do you like about her?

CH4: Ah I don't know.

I: What is it that makes you like talking to her?

CH4: Um I don't really know.

I: You don't know do you like talking to...

CH4: And I know what her name K*'s mum's name is.

I: When I get worried it makes me feel...?

CH4: Upset.

I: Upset and it makes me..?

CH4: Cry.

I: Aw so what sorts of things would make you upset?

CH6: The interviewer was aware of the child's nervousness and engaged a number of rapport building strategies to encourage comfort levels. These were: use of enthusiastic tone, using appreciation, asking permission, validating what she was nervous about, prompting, reassuring, sharing personal stories and information, identifying body language changes, affirmations and humour.

I: Yep its good writing, very good writing.

CH6: I accidently. I made a circle so I just put like that.

I: (*Laughs*) that's alright, that's ok, that's good. And you've pointed out that you get it in your head again don't you?

CH6: I don't know (*laughs*).

I: You not sure (*laughs*)? You're allowed to change your mind; we're all allowed to change our minds.

CH8: The child appeared older than she was and had good use of expressive language yet appeared not to comprehend some of the questions and information provided. She appeared to use a combination of no reply and diverting when she did not want to answer a question. Strategies such as answer choices, re-wording, referring to the interview prop, and prompting worked well to encourage the conversation. Strategies such as asking "tell me why" or "tell me about" and using the parallel activity to get a flow of speech from the child did not appear

to assist child communication or comfort. The child showed no verbal or nonverbal response to affirmations.

CH9: This child presented as very quiet and visibly nervous (hands and voice shaky). Rapport building was consistent throughout the interview and was initiated by the interviewer by the use of: reassurance, showing interest, reflective statements, mirroring the child's enthusiasm, affirmations and the interviewer providing opportunities for the child to have control of the process through participant choice. The Interviewer's use of joking and sense of humour was not helpful.

CH10: Because the child presented as extensively vulnerable (with a very low MLU) the interviewer attentively focused on rapport building using the strategies: child as teacher, frequent affirmations, verbally reducing adult power by admitting limitations, frequently providing the child with choice and control options, being an unusual adult (sometimes bordering on being child), and validating the child's feelings.

CH10: Umm jumping.

I: Ten pin?

CH10: Jumping.

I: Sorry I'm not listening very well today am I? So what one out of those ones would you put an extra star on? Which ones the best one out of those ones?

CH10: Worksheets and drawing.

CH11: The child was not told by the caregiver that the interviewer was coming. She was fidgety and used baby talk and imaginative discussion. The interviewer used the following communication strategies: sentence starters, answer choices, referring to the interview prop, clarifying for understanding, prompts and checking answers to ensure she had got it right. The interviewer used many means of rapport building: affirmations, humour, imitating language style, showing interest in what the participant was discussing, sharing information and reassuring the participant when needed. Humour was a genuine facilitator of rapport and promoted a relaxed flow of conversation. The interviewer provided choices to the participant throughout, asked the child's permission with the aim of increasing the child's sense of control. There were, however, occasions when the interviewer controlled the flow of the interview by change of tone of voice and became more focused on the adult agenda rather than the child participant and interview process.

CH4: This child was confused by the question the interviewer demonstrated skill by recognising this and then facilitated participation.

I: So how do you feel about talking to me about your journal, how do you feel like right now which one would you put it on?

CH4: Well (*body language indicates child does not understand*)

I: Which one would you feel like, what are you feeling now about talking to me about your journal that you've done? Which one would you put the Blu tack on?

CH4: Do I put the Blu tack on?

I: Yeah.

CH4: Like on these?

I: No on one of these, which one do you feel? Are you worried about it, *big worry* about it *little worry* about it, *medium worry*, *happy*?

CH4: Ohh yeah (remembers and understands) (*Child puts Blu tack on happy on the comfort measure*).

The interviewer became focused on the agenda of the interview “not hearing” what the child was saying. This demonstrates the divergent priorities of the child (on the activity) and the interviewer (on the topic), resulting in the reduced provision of information from the child. This acted to reduce participation and the likely comfort experience of the child.

CH4: I'm gonna start dressing these people...

I: What makes me worried when talking to a grownup, is there any times you've talked to some, a grownup that you haven't liked them?

CH4: No.

I: No so that's nothing?

CH4: Yep.

CH4: M m m look at it?

The strategies the interviewer used with the children were varied and required flexibility to adapt to the needs of each of the children. Skills that worked with one child did not necessarily work with the next child.

6.4.3 Interviewer Characteristics

Although the effect of the interviewer characteristics, such as language ability, on participant comfort are evident, interviewer characteristics were unexplored at this stage of the research process. This resulted in limited deductions about the ways in which the interviewer characteristics may affect participant engagement and comfort.

6.4.4 Interviewer Role

The role the interviewer adopted was thought to be related to interviewer skill or as a natural expression of their communication style. This appeared to be associated with the extent to which the child participated and engaged in the interview process and their comfort experience.

The interviewer offering the child choices throughout the interview and acknowledging child's ownership could be thought to be 'unusual' for children. This demonstrates an example of the 'unusual adult' role and appeared to enhance the collaborative relationship, encouraging child participation, engagement and experienced comfort.

I: Yeah? Right so is it alright if I write on this?

CH: Yep

I: Can I take this home with me or do you wanna keep it?

CH: You keep it.

I: Thank you, so shall I write on there, or shall I write on the back?

CH: You can write anywhere.

The interviewer positioning an unconfident child in the position of teacher by taking on the role of the learner (acting as an unusual adult) appeared to make the child more comfortable this was evidenced by his increased word count and his demeanour.

I: K so you flick it like that so do I set mine up like that? So like that, one two how many how many at the back? Three, three, two, one now do you try and hit mine and I try and hit yours? Is that what you do?

CH: We try and hit our own.

I: Hit our own? Ok so how far back do we have to be though?

CH: As far as we want to.

I: So if I hit it from there? How do you do it? Show me how to do it? Do you do it like that, get it in there and flick it like, oop that's not very good, how do you get it to go fast?

CH: Flick it hard.

The interviewer as “unusual adult” or “being child” was responded to well by all the children. The interviewer in “adult role” appeared to be accepted and unchallenged by all the children.

6.4.5 Child Role, Competence and Characteristics

The child competence, characteristics and child role appeared to be related to each other. These factors also appeared to be related to the child's level of engagement and participation, and their comfort experience. The nature of these associations was unclear and it was evident they required continued investigation over the span of the present study.

The majority of the children at some point in the interviews did not understand the intended meaning of a question. For some of the children this was possibly because of complications with their language ability, their limited ability to focus because of mental health complications or because they were distracted by something more enjoyable. It was at times difficult to ascertain whether their disengagement was because of their interview competence (e.g. language ability or characteristics) or because they were a child who simply wanted to play. It appeared at times it was a combination of the three factors. Two children overtly engaged in what appeared to be coping strategies such as singing and humming, putting on a dramatic acting voice, imaginative talk. The majority of the children used strategies of not replying to some questions and diverting from the interview. The majority of the children were observed to be more comfortable when acting as being equal with the interviewer. They expressed this by correcting the interviewer, teaching the interviewer and challenging the interviewer's agenda.

6.4.6 Child Competence and Communication Strategies

Participation and engagement were evident by the ways in which the children interacted with the interviewer.

CH1: The child showed several signs of being both competent and comfortable through his interactions within the interview such as: choosing not to answer or respond, offering extra information not asked for by the interviewer, seeking clarification, making a choice when

given answer choices, finishing the interviewer's sentence, initiating his own participation, and listening while he engaged in a parallel activity.

Some children appeared to use singing and humming as a strategy to soothe them at times during the interview. The use of this as a coping strategy required further investigation across subsequent interviews but the children showed signs of this strategy being used in response to a sensitive topic.

CH6: This child would sing or hum when she was calming herself. This was observed by the interviewer; and prompted the interviewer not to push for the information, rather to let the issue pass until later interviews. This illustrates the competence of children to engage in communication strategies to reduce their own levels of discomfort and it also shows the required interviewer skill to know when to cease a line of question even if it is only for the moment.

I: Does he (birth father) go in questions you can ask or not to ask - or nowhere?

CH: Nowhere?

I: So you're not worried about that one?

CH: *(Starts singing to herself and does not reply).*

At the end of the interview

I: Right just to finished so how you feeling now, which circle, right now?

CH: *(Child points).*

I: White?

CH: Yeah.

I: Right, thank you very very much.

CH: I won't be feeling nervous.

I: Wont you? Why? Why won't you be feeling nervous?

CH: Cos I'll be happy.

The tone and volume the children used was often indicative of their level of comfort. This is illustrated by the following examples.

CH7: *(Clear and loud)* having anything in the world like living with my mum.

I: Yip.

CH7: And living with my sister.

I: And so what would living with your mum be like?

CH7: Fun.

I: Fun. What do you miss about it?

CH7: (*Quieter*) Playing with her and everything.

I: How you feeling on here now?

CH10: Aahhh... don't know... (*Child points*).

I: Little bit of worry? Do you know what you're worried about?

CH10: No (*almost a whisper*).

I: What would you play with?

CH10: Mm my marbles.

I: Shall you go and get your marbles, go and get your marbles. Well play with your marbles while we're talking. Ohh wow you've got lots of marbles. Do you like these (*my*) marbles?

CH10: Yup (*louder voice*).

CH6: Nana coloured it but I did all the red faces (*tone shows child is proud - emphasis on words I did all*).

I: Did you?

CH11: When the interviewer first met this child she had not been told the interviewer was coming and did not want to come out of her room. She eventually came out because the interviewer had brought a bottle of water and packet of chips for her (the interviewer left this in the room for her). When she came out she was reluctant to talk to the interviewer so the interviewer explained the research and asked if she wanted to have a go at it. The child said she would. This child used different voices, imaginative, descriptive talk, baby talk and singing throughout the interview with the appearance of calming herself possibly as a way of coping with discomfort. She had the highest MLU (8.26) in comparison to the other children.

CH11: What are you doing? Then I'll go nothing much, then they'll go what do you wanna do? And I just wanna be here alone be sad or being happy or climbing a tree (*character, acting voices*)...

... CH11: I happy, be happy, be sad.

I: Right do you see any stickers there that you like?

CH11: Um I like the doggies.

I: Have you got any scissors, do you wanna cut them out?

CH11: Nah.

I: Cut out the... nah.

CH11: (Singing) what's your next question?

Although this child engaged in imaginative talk throughout the interview her intention appeared not to be to deceive the interviewer. As shown in the following example the child does not allow the interviewer to be misled for long.

CH11: Dad's a hobo well no he's a hippy he's not me.

I: Whys he a hobo?

CH11: Oh no he's just a hippy, he's homeless.

I: He's a happy homeless hobo.

CH11 Yeah he lives in a shopping cart.

I: Does he?

CH11: No (*laughs*)

I: I believed you!

Diverting from the interview and not replying was a strategy used by the majority of the children. It is sometimes difficult to ascertain if the diversions and "no replies" were a strategy or the result of distraction. This was explored for clarification across later interviews.

I: So they don't really understand that your sister lives with other people and you live with your granny? Is that what the problem is?

CH8: Mostly, what is that...?

I: And sad. So does it make you feel mad and sad at the same time? So when I get worried it makes me? What do you do?

CH1: His legs bendy (*referring to man*).

I: You can turn it off, do we want to turn it off I was just gonna tell you about I think ah I think is this little worry about the recorder, are you worried about being recorded?

CH4: Its gingerbread man.

I: You feel like that happens a lot?

CH5: I wanna do something (*child playing with something*).

At times children's language competence resulted in miscommunication.

I: Is that one of, what you were talking about when you wrote that?

CH5: Yeah.

I: So they're going to take you away from here? Who's that?

CH5: That's the cat.

I: What do you think grownups should know about you? Is there anything special about you that they should know that you'd like them to know?

CH3: I don't know... bout that one.

I: Is that a hard one? That too hard to answer that one?

CH3: That's too hard.

I: Too hard to answer or you just don't know.

CH3: Just don't know.

I: Don't know?

CH3: Bit of both.

I: What do you think the best things to know about you are? So I can say I know B, he is...

CH2: I don't know

P: How could I describe you?

CH2: The main character.

Some children self-initiated sensitive topics that could threaten their felt security.

CH1: This child introduced the sensitive topic of worrying about his mum and dad dying. When he did this he reverted to baby talk and blushed. This discomfort was reinforced by his indication that this worry was a *big worry* on the comfort measure and a *big sad*.

I: Sad... and you've done a sad smiley face sad face haven't you? When I get worried it makes me... what do you do when you get worried?

CH2: Makes me cry.

I: Cry... what are some of the things that you might worry about?

CH2: My dad will die...

(*Long silence*)

I: Ok what would be a big one do you have any big worries at the moment.

CH11: Um that I'll lose my grandparents, I don't have anyone to live with.

I: Yeah so that would be a big one.

I: So do you get sick a lot when she (*sister*) comes over? Why do you think that happens?

CH8: I don't know why, but I know that she beats me, that people beat me up and I don't really realise.

I: Ok, so does Sam beat you up?

CH8: No people at school do ...

... I: So do they say do they know about your sister?

CH8: No.

Children were able to be patient and persevere with the interviewer not understanding them. The following example demonstrates this patience.

I: Who's M*?

CH2: A man that lives in the blue centre.

I: The blue centre. What's the blue centre?

CH2: Ah the place. The place where you go to... thingamabobs. Go to...

I: Work?

CH2: Yeah

I: What sort of work school work?

CH2: No

I: Building work?

CH2: No!

I: What sort of work?

CH2: Well... like that (*child points at a tractor sticker*). Just get happy.

I: Ohh so tractor work?

CH2: No.

I: No?

CH2: (*Stammers*) just do... doing some fun stuff.

I: Ohh doing fun stuff? Ok.

CH2: Yeah.

I: So you do fun activities, and do you talk to him... about stuff? Does he talk to you?

CH2: Yeah.

I: What does he talk to you about?

CH2: About my anger.

I: About your anger. Mmmm okay.

CH2: Ooh actually... ohhh that.

I: What?

CH2: I was about to say my anger. Umm. This bit (*child shows drawing of his anger and counsellor's blue house*).

I: Ok we'll go over there... oh wow good work (*looking at his pictures on the journal*) - you've gone ahead of me.

Two children became defensive when questioned about behaviours they were likely to view as negative. They found it difficult or embarrassing to discuss their own behaviours.

CH11: When the child responded to the question “what would worry you about talking to an adult?” the child responded “nothing”. When the interviewer first met the child she would not speak to the interviewer. The interviewer reminded her of this, and she responded “said I just didn’t want to talk to you” (in an adamant tone). This gave rise to the question about what

factors may influence her provision of conflicting answers and required further exploration in following interviews. The statements she made could have been related to face-saving⁹.

I: So that's good adults isn't it, so that's important to you when you're talking to an adult.

CH: Oh I didn't do that one sorry.

I: Ok so that's the opposite.

CH: Cos I don't have any worries when talking to grownups.

I: Don't you?

CH: No.

I: Mmm you had a worry when you had to talk to me.

CH: No not really I just didn't want to (*in an adamant tone*).

I: You just didn't want to?

CH: Yeah (*laughs*).

CH12: The caregiver advised the child often makes up stories. The interviewer explored this issue with the child participant. The discussion about “telling the truth” indicates the child is reluctant to talk about his own behaviour creating discomfort for the child.

I: Yeah, we can do that. So when I bring the computer over well be able to have a look on that and well do our questions in between shall we? Shall we do our questions in between?

CH12: Yeah.

I: So do you tell stories? Some kids do, some kids tell stories, sometimes I tell stories.

Do you make things up?

(Choking noise) (*Participant making himself choke*).

I: Don't do that! (*Laughs*) so you do make things up?

CH12: Yeah.

⁹ Comparison across interviews may offer more insight into the whether the child feels she needs to “please” the interviewer or is defensive about her struggles in meeting new people.

6.4.7 Child Characteristics and Interview Differences

The individual characteristics of the children were varied and were likely to contribute to differences in the ways in which they responded to the interviewer and the interview context.

CH4: This child presented highly on the ACC, was prescribed medication, she expressed perceptions of insecurity about her placement, had a high MLU and LU, was having problems at school, had late entry into care, missed her birth mother and had no contact with her. She had experienced multiple forms of maltreatment. This child presented the most nervous and least confident of the children. The child had trouble identifying good things about herself and was often prompted by the caregiver.

CH5: This child had been with the caregiver from infancy and considered her grandparents as her parents. Her grandfather died soon after she went into their care... She had no contact with her birth mother, had a reported mental health diagnosis and was prescribed medication. She expressed perceptions of placement security which seemed unusual as she spoke of missing her sister who had been removed from this placement. Also there was talk about her cousin who was living in the same placement being returned to birth parent care. She had experienced multiple forms of maltreatment. This child was excited about being involved in the interviews and was engaged throughout. She had some language challenges consistent with her diagnosis of a learning disorder which seemed to affect her interpretation of and response to some questions. Her MLU was low at 4.9, which was below the sample average of 5.57. The child was aware of her competence in the interview and the journal completion, interrupting the interviewer to point out her mistakes. The child's voice consistently rose at the end of most comments which could be interpreted as her comments were tentative and questioning – "is this the answer you want or that is right"? This would be supported by the slowness of her responses. She was very focused on her performance during the interview and reported she really liked academic tasks and reward charts. This could indicate that her feelings of competence were linked to her felt security levels and hence comfort levels. The child consistently involved her caregiver in the interview process. This was consistent with her expressed desire to have her caregiver within sight and consistent with the caregiver reports that the child would be more comfortable with her close by.

CH6: This child had no reported mental health diagnosis and was not prescribed medication. Her MLU was 5.57, above the sample average. . She had late entry into care and had experienced multiple forms of maltreatment. She spoke of missing her birth mother a lot. The

child was also engaged in recent contact with her birth father that was going back to Court for full custody at the time of the interviews. The child mentioned a number of times how she “loved living with her Nana”. This may have been a “safe answer” in her contacts with Social Workers. The potential changes to her current placement may have contributed to her varying comfort levels in the interview. This is further supported by her response when questioned about being worried about what she was saying. Her reply was “I do not want to get in trouble” (from Nana). The child started to hum or sing quietly at times during the interview. This was at times when she appeared to be uncomfortable.

CH8: The child presents as older than she is, and her MLU was 6.02. The interviewer had higher expectations of her language capabilities than she had. She had sporadic contact with her birth mother and sibling and recent traumatising contact with her birth father. She had no mental health diagnosis and her entry into care was after two years of age when she went into settled placement with her caregiver. She had experienced multiple forms of maltreatment. Her speaking ability was better than her comprehension of questions which often resulted in long periods of thinking time taken by the child. The child diverted from the interview activity and had a substantial amount of not responding. She reported a *big worry* about the interviewer leaving.

CH9: This child had no reported mental health diagnosis or developmental delay; he entered into care at age two after experiencing two forms of maltreatment. He had structured contact with both his birth parents with no intention of restoration, and his caregiver reported his placement was stable until he chose to leave home (> 18). This was the only participant that wanted to meet the interviewer before he would agree to do the study. The child was extremely nervous when he first met with interviewer and was not sure if he would participate and once he decided to participate he was unsure if he wanted to sign the audio consent. The child started the interview process with nervousness but became more comfortable with the process over the span of the research process. This participant showed good language competence through his MLU of 8.06, the use of long answers, including one of 108 words, and the ability to identify misunderstandings then and ask the interviewer to clarify meaning.

CH10: This child had a reported mental health diagnosis with no reported developmental delay. He entered into care at age three and 6 months after experiencing multiple forms of

maltreatment. He had structured contact with both his birth parents with no intention of restoration, and his caregiver reported his placement was stable until he chose to leave home (> 18). This child hoped to live with his birth father one day. The child identified early on that he didn't like talking. The interviewer attempted to make the child more comfortable by giving him more control over the process by asking him to identify what would make the talking more comfortable and getting him to pick a parallel activity. The child's MLU was 2.19 with his longest utterance during the interview 12 words. This low MLU was paralleled by his quiet voice and little eye contact. His low MLU was in line with his mental health diagnosis of Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHD) and Reactive Attachment Disorder (RAD). Even though the child reported he did not like talking he answered all the questions. The child sobbed "I don't want you to leave" when it was time for the interviewer to go.

CH12: This child had a reported mental health diagnosis and developmental delay and his entry into care was at 3 years after he had experienced two forms of maltreatment. He began overnight stays with his birth mother during the interview period with the expectation he would return to his birth mother one day. He had unreliable sporadic contact with his birth father. His MLU was 7.09. Child 12 led his interview for the most part and there was primarily a relaxed conversation flow. This style of interview contributed to the duration being longer than the other children at 42.09 minutes. The felt security topics emerged naturally and were self-initiated by the child. The child did not want to be recorded but changed his mind about 7 minutes into the interview when the interviewer's note taking was taking too long. The child then became silly when he became aware of the recorder later in the interview. The child showed signs of boredom with the questions and asked "how much longer" at about 25 minutes indicating he had had enough but then when told it was finished, he went on to talk for another 30 minutes.

Just as the pre, in-care experiences and characteristics of the children vary, the ways in which children interacted with the interviewer varied. Conclusions about how these experiences and characteristics influenced the children's responses within the interview setting were difficult to identify. It was anticipated however some patterns of difference and similarities may emerge as further data was collected from the following interviews. This was expected to provide insights into how some children, with common experiences or characteristics, might respond to different aspects of being interviewed.

From the first set of interview data it was identified two of the children were upset by the interviewer leaving and one appeared to have transferred her anxiety about the unpredictability of birth parent contact onto the interviewer in that s/he was worried about the interviewer leaving and that possibly she would not come back.

I: K what about when you finished, how did you feel. You're finished now!

CH8: Everything's dead.

I: How do you feel, which one?

CH8: Not happy.

I: You're not happy why?

CH8: Cos I love one of these stuff you brought.

I: So you don't want it to be finished? Well I'm coming back.

CH8: Yay.

I: So you're worried cos it's finished?

CH8: Almost but when will you... (*Come back*)?

Some children displayed signs of boredom by becoming restlessness or silly. It was acknowledged that boredom with answering questions, the topic and/or with the interview activity could interfere with the comfort experience of the children and needed to be explored further.

I: What do you think I should know about you? If I wanted to talk to you really really well, what should I know about you?

CH12: Um. I fart.

I: (*Laughing*) why would I want to know that?

CH12: I'm really very good at burping, I can burp whenever I want (*burp, burp*).

I: You just swallow air do you? I could probably do that too. Do you think I could do it?

CH12: *Burp burp (laughing)*

I: That's about 10 in a row, 5 in a row. So there's nothing I should know about you.

CH12: Nope.

I: Nothing important?

CH11: The child reported she was bored and then changed this to lazy very quickly. This could have been because of actual boredom but then changing her language in the attempt to not offend the interviewer. She had, however, previously said she didn't want to talk to the interviewer, so it would appear that she did mind taking the risk of offending the interviewer. This exchange is unclear, however, as from this point she starts to engage in "silly" behaviours such as becoming fidgety and restless, which could indicate boredom.

I: Why don't you like that?

CH11: Because it's annoying.

I: Do you wanna write this or do you like me writing?

CH11: No I'm bored, I mean I'm lazy.

I: Have a look at some of the stickers, cos you can have some. K what questions should they ask you?

CH11: Ummm ...

... I: how should they find out if you're happy or sad?

CH11: They punch me.

I: How could, how should they find out?

CH11: Well like they like they think or they look at me and from that I go.

I: So they should just be able to tell.

CH11: Man they should be able to tell otherwise they're blind.

I: So what questions should they ask you?

CH11: What are you doing? Then I'll go nothing much, then they'll go what do you wanna do? And I just wanna be here alone be sad or being happy or climbing a tree (*character, acting voices*).

6.4.8 Child Role

Being Equal: The majority of the children interacted with the interviewer from an equal position. They were not hesitant in questioning the interviewer's responses.

CH2: The child demonstrated he was not afraid to say he did not understand and he was willing to challenge and correct the interviewer.

CH3: The child was able to correct the interviewer, seek information from the interviewer, and was willing to share personal information.

One child exhibited more resistant behaviour than the other children. This was possibly linked to his report early on that he was worried about getting his caregiver and his birth mother in trouble. The caregiver also reported that she had warned him to watch what he said. This family had had more negative contact with CYF than the other participants.

CH7: Several interactions demonstrating the power struggle that occurred throughout the whole interview between the interviewer and the child. At times this power struggle could be considered as withdrawal of consent to participate in the interview. It was important to address this at subsequent interviews and provide him the opportunity to withdraw from the research altogether. This provided a clear example of the *adult role* and *child role* conflict which can arise when the interviewer becomes focused on the interview topics and the child becomes play focused. Both the interviewer and the child used the same strategy of ignoring requests from the other to engage. This strategy was first used subconsciously by the interviewer in effect modelling the strategy to the child. This resulted in a power struggle that lasted the length of Interview 1. The following example demonstrates this power struggle.

CH7: I was just like a man and there was this fence across here and one of the pink ones was looking over the other fence way over there and he thought he saw me but he didn't know so I went up like this cause I saw him and he didn't come over. I was scared.

I: Oh.

CH7: Do you want to play (*becoming bored*)?

I: Yip, we can play that in a minute. So what did, just a few more of these, so what does upset look like? How would I know you were upset? What would I see?

CH7: Probably crying.

I: Yip.

CH7: L* kicked me in the eye before.

(*Later in interview*)

I: Yip.

CH7: That's it. I want to play Pokémon plus animal cards. So you want to join the desks together?

I: Yip.

I: So there's lots of things you like talking about to a grown up? What, do you know of any grown-ups that you like? Talking to?

CH7: Mm sort of, yeah.

(Later in interview)

I: So you've done some really good answers here, did Nan help you much with them?
Or did you come up with them on your own?

CH7: *(Very quietly)* on my own.

I: What are you concentrating on?

CH7: Putting the cards out so we've each got one of these.

I: Yip.

(Later in interview)

I: Ok. Cool. We'll do one more question ah, cause we're just about there. And then we'll flip a card between a question do you think?

CH7: No you just go like this.

(Later in interview)

I: Fun. What do you miss about it?

CH7: *(quieter)* Playing with her and everything.

I: Yip.

CH7: Can we start the game already?

I: Yes.

CH7: And no more of that stuff.

(Later in interview)

I: So we'll do one more hand of this and then I'll do this because we've only got 2 more to go. We'll finish that and then I can just play that ok?

CH7: We better start getting some animal cards.

I: Right let's do this quickly then cause these are really important things that you've written down.

CH7: And another thing it's called switch that means you put all your cards down like this and you each pick your cards out like that and you have to switch.

CH8: The child took control of the conversation when the conversation was one she seemed to enjoy. The child was able to correct the interviewer; further clarify when the interviewer did not understand, check with the interviewer when she did not understand, and seemed to enjoy helping the interviewer. The child also was able to tell the interviewer when she was sick of a particular line of enquiry.

CH9: This participant corrected the interviewer (4 times), explained things (5 times), checked with the interviewer to clarify his understanding (2 times), offered additional

information (5 times), identified his own misunderstanding (1), took thinking time (4 times), and diverted the interview to a child agenda (4 times).

The majority of children demonstrated a relaxed movement from a “child being equal” role with actions such as correcting, not pleasing, challenging, interrupting and finishing the interviewer’s sentences, to a “child being child” role, pursuing a play agenda, pleasing the interviewer, using baby talk, asking for permission and expecting the interviewer to “just” know, and a “child being adult” role, telling interviewer what to do and teaching and assisting the interviewer without asking. It was difficult to ascertain what prompted these changes, however, the role changes may have been related to maintaining levels of comfort. It was also difficult to decide how their felt security or their experience of discomfort influenced the roles children adopted.

6.4.9 External Influences

External influences, such as interruption, setting, presence of caregiver, appeared to influence the participation and engagement level of children and their comfort experiences. Two children of one sibling set expressed discomfort with the setting of the first interview.

Setting: CH1&2: Children 1, 2 and 3 were siblings living in the same household. The interviews for all three children took place at separate times however all were conducted in the hallway of the house. Distractions from other siblings occurred and there were times when other children were stepping over the interviewer to get passed... This presented an ethical concern by reducing the level of confidentiality. This was worsened by the caregiver being within earshot which was evidenced by being able to hear the conversations going on in the other room. Both caregivers and siblings could also hear the interview from the other room which was made evident when a sibling passed a pen to the interviewer when the child participant was asked to get one. Child 1 wanted privacy as twice he ordered the other siblings away and the interviewer also had to intervene. Child 2, however, did not seem to be concerned about the lack of privacy but this does not mean he wasn’t as the interviewer never clarified this with him after the initial “are you okay to do the interview in the hallway?” This was asked by the interviewer prior to the start of the interview, but the interviewer had asked all three siblings together.

CH3: The child demanded his space and privacy when interrupted by his sibling and reverted back to single word replies, indicating privacy was an important issue to this child. Child 3 was responding well in the interview, yet when interrupted by a sibling his word count went down to single word responses and he provided uninformative answers. When asked where he would like the interview conducted next time he opted for his bedroom “where my brothers won’t annoy us”. It was difficult to ascertain whether his word count responses went down because of the interruption or he was just providing short accurate answers, but the combination of the word count drop, the comment about the setting, and his observed annoyance indicates the sibling interruption and lack of a private setting reduced his participation, engagement and comfort experience.

I: Yep. What do you like about talking to a grown up? Is there anything you that you like about how a grownup treats you? Anything like that?

CH3: Go away D*. What is it?

I: Its Blu tack. So you don’t mind talking to grownups? Is there anything you like them to be like or like them to do?

CH3: Naaaah.

I: What makes me worried when talking to a grownup?

CH3: Nothing.

I: So you don’t know any grownups that've made you scared or worried. Is there anything that’s ever made you worried?

CH3: Nope.

Some of the children wanted the presence of their caregivers for comfort and benefitted from their prompts, at other times caregiver interruptions were unhelpful to the interviewer-child interaction and the child’s comfort. One sibling set in particular appeared very nervous and checked consistently with the caregiver before answering.

I: What makes you worried when talking to a grownup? They might take you away, that would be a worry wouldn’t it?

CH5: Mum, stop it?

CG: What I’m not saying anything.

CH5: She’s like this, she’s smiling.

I: She smiling at you.

Caregiver prompts help

I: Ok, what are some of the not so good things about being you?

CH4: That I can't roller-skate or pogo stick?

I: Can't you? Oh do you think you'll be able to one day?

CG: She's going to learn, aren't you Ditty? Aye?

CH4: I can only roller skate with one but I can roller keep steady roller skating with two.

Caregiver prompt cuts off the conversation

I: Cos I was going like that, when I moved like that I was going like that and he felt it on his back, funny aye? And I thought I was I thought oh no what is this horse doing he's gone mad.

CH4: What about this what if you like stand him up and stand up and move back into his seat would he still sit down?

I: I don't know I didn't train him; someone else did so I didn't know what I'd do.

CG: Where she's got other, I would also Ditty, put reading.

6.4.10 Ethical Issues

Ethical Issues, such as confidentiality, appeared to be associated with the child's participation and engagement and their comfort experience. This was made apparent by the child changing the subject, not responding, providing single word responses, and at times responding with "I don't know". Some of the children did not absorb the ethical discussions at the beginning of the process, especially if they were nervous. Eight of the children expressed some concern about the recorder. Two of these children refused to be recorded but then changed their minds. The other four children made passing comments about the recording of their interviews.

CH11: Are you taping this... (*Laughs hysterically*)

I: Only I... only I get to listen to it.

CH11: Good.

I: Only I get to listen to it though, no one else will listen to it, do you....

CH11: Ok next page... (*Inferred assent to continue taping*) oh I didn't do that I forgot about that one.

I: That's alright we'll do it now... what do you think grownups should know about you?

I: Not safe. Is there anything else that you think that you wouldn't like?

CH12: Is that thing there on record?

I: Yeah, I'll let you listen to it afterwards.

CH12: Laaa laaaa laaaa (*into recorder*).

CH8: This child had the caregiver read the child-friendly literature and had the interviewer explain two or three times the purpose of the interview, however well into the interview the child advised she did not really understand why the interviewer was there.

I: So what is it that you like about talking to these people, what do they, what do they do that makes you like talking to them?

CH8: Well first about like learning.

I: That you like learning.

CH8: Yep and...

I: I like learning

CH8: Well I don't really know what you're here for, about.

I: You don't know what I'm here for?

(*Later in the interview*)

CH8: Mm that I get loved and spoilt! Don't actually know that I'm being recorded.

6.4.11 Child Engagement with the Interview Method

The interview methods in Interview 1 (specifically the use of parallel activities) appeared to enhance the child participant's participation and engagement and enhance their comfort experience.

CH2: The child used the interview prop extensively throughout the interview and particularly when he had trouble communicating to the interviewer.

CH5: The child used the journal consistently as a prop throughout the interview as the child appeared very proud of her work on the journal and was excited to show the interviewer what she had completed.

CH6: The child and interviewer relied heavily on the interview prop during the interview to

maintain interview flow. The child diverted from answering questions that she appeared not to want to answer.

CH8: The child appeared distracted at times by the parallel activity (dress-up sticker dolls and plasticine) however also appeared to use the parallel activity as a diversion away from the questions, resulting in no answer for that particular question. It was difficult to determine if the child was distracted or used the parallel activity to divert from the interview. The child changed parallel activities a number of times during the interview.

CH10: The interview process began with the child speaking very quietly and unconfidently. His voice became more relaxed and louder when he started playing with the marbles. He completed the journal on the computer and reported he enjoyed this appearing proud of his work. He used the journal as a prop occasionally during the discussion. He engaged in a talk-play-talk process and seemed to relax and enjoy this style.

CH10: This child reported he was a 'little worried' talking to the interviewer. In his preferences he highlighted he did not like talking at all. He was responding only in one or two word responses in a quiet voice and looking at the ground. When he engaged with the parallel activity his voice became louder, his word count went up and he was looking and smiling at the interviewer.

I: How do you feel about us talking now?

CH10: Good (*quiet voice, no eye contact, looking at the ground*).

I: Is it ok?

CH10: Mm.

I: What would make it better, what would help you to relax a bit more, and have some fun?

CH10: Playing with something I like.

I: What's that sorry?

CH10: Playing with something I like.

I: Playing with something I like? What would you play with?

CH10: Mm my marbles.

I: You go and get your marbles, go and get your marbles. We'll play with your marbles while we're talking. Ohh wow you've got lots of marbles. Do you like these (*my*) marbles?

CH10: Yup (*louder voice, smiling*).

CH1: This child used a parallel activity throughout the interview managing to answer questions whilst engaged in building a gingerbread man. Because child 1 had a complex array of diagnoses including autism it allowed the child to answer in his own time without pressure. The parallel activities appeared to be used by the child as a time-out. In this case the interviewer allowed the break and returned to the topic at a later time.

I: And sad. So does it make you feel mad and sad at the same time? So when I get worried it makes me? What do you do?

CH1: His legs bendy (*referring to man*).

I: Yeah it's not a very strong man. Look it's starting to come apart. So when I get worried it makes me? So what do you do?

CH1: Let go (*playing with man*).

I: Just about there put some more blue tack on it. So what's it make you do? When you're mad and sad what does it make you do?

CH1: Go outside.

I: Go outside? What do you do outside?

CH1: Oh it's standing up (*excited*)!

I: Oh champion! Well done, just pop some more there to support it cos it's standing up but it's probably just standing up. Oh that's very good, you are very good at that maybe we should put that on your, I'm good at. So what do you do when you go outside?

CH1: I give myself some time out. Well at school.

The majority of the children self-initiated played with the Blu tack at some time during the interview.

CH11: I'll just play with the Blu tack.

I: Play with the Blu tack? Cos sometimes when you play with stuff it helps you.

CH11: Yeah.

I: Think better aye.

CH11: I fiddle a lot.

I: You fiddle a lot.

CH11: At school I always steal all his dice and the jelly beans, well not real jellybeans, the counting ones.

I: Oh ok.

CH11: And I always fiddle with them, yeah.

I: Why do you do that?

CH11: Um it just makes me focus more.

I: Oh ok, I do the leg shaking, this leg starts to shake.

CH11: Yeah cos most people feel they always have to look at it but I'm always focused in...

I: So it helps you to focus? Mm cool that you know that aye, not a lot of people know that stuff.

Ten of the children used the Blu tack to play with at some time during Interview 1. Two of the children engaged in alternative (self-initiated or chosen) parallel activities for the length of the interview. The majority of the children appeared to use the parallel activity to take a break from sensitive topics at times.

6.4.12 Child-Interviewer Conversations

When children were engaged in a natural and relaxed flow of conversation with the interviewer it appeared to be an expression of their level of comfort, further enhancing their comfort experience.

CH4: indicated at the beginning of the interview that she did not know what she should say and consequently she used many "I don't know" responses but when she was recounting an experience she moved into a natural flow of conversation.

CH4: Do you know what, um once last year when I was in my bed Nana came in and she nearly got scared cos I had a heart attack but when she went to get my inhaler and came back I had I was I was I like the heart attack had gone away.

I: So it felt like a heart attack did it? What actually was it?

CH4: It was my asthma.

I: Asthma, so you felt like, so that would make you upset did that worry you?

CH4: Cos I did cos I did have an asthma attack but I didn't know because I was asleep the whole time?

I: Oh so did you feel any of these at the time or did you not know?

CH4: I think Nana would feel that (*child points*).

I: It was a big worry.

Relaxed conversation flows were often exemplified by the interviewer statements and the child statements becoming more equal in length, the inclusion of relaxed interruptions, and the interviewer subconsciously imitating the child's language. They were often driven by the interviewer showing interest. This can be seen in the following examples.

I: I think there's a tractor in here isn't there, cos they have some work things somewhere.

CH9: Ooh yeah, that wasn't that...

I: That's the emergency stuff that's the sport stuff, that's ya pirates maybe all gone... there's work one.

[CH9: (*speaking at the same time*) and that's... that's the... that it?

I: That's a tractor isn't it? That a tract...]

CH9: (*Child interrupts*) I think it's a mower but its close enough.

I: It's close to a tractor I'd think it's a tractor.

CH9: I know loads of machines, I might – gonna draw that.

I: You're gonna draw it you're gonna keep that one?

I: I think I've seen bits of that one. I'm not a big big horror movie person though.

CH12: My Uncle is.

I: Is he?

CH12: Yeah, that's why we get out horrors.

I: So you spend lots of time with your uncle?

CH12: Yip. He's sending me 2 world zombies' cds.

I: Is he?

CH12: Yip, that's music. Did you know that?

I: Music one. Nup.

CH12: Do you know what it is?

I: No. Tell me about it.

CH12: It's music, called zombie.

I: So can you dance to zombie music.

CH12: Kind of. It's heavy metal.

I: Heavy metal is it. Yeah I know what heavy metal is.

CH12: It has coarse language in it.

Eleven of the children were able to engage in a flow of conversation when the interviewer provided the opportunity. This was often achieved when the interviewer stopped focusing on the interview agenda. The children's longest utterances (LU) were often embedded in these conversations.

6.5 Refinement Reflections

In summary all the children reported methods needed to be fun. They were observed to have limited concentration spans, use strategies to compensate for discomfort and require activity. They were sensitive to topics that threatened their felt security, appeared to enjoy choice, and experience more comfort when engaged in conversational flows.

The following are excerpts of the researcher reflection journal. These reflections and the information elicited during the interviews and analysis were used to develop the next stage interview designs and refine the comfort measure.

These aspects contributed to the development of the two opposing interview designs used in Stage 2 and Stage 3 of the research process. The first design incorporated the use of parallel activities to allow the child to self-initiate use and increase participant choice over the interview discussion and method. It used indirect questioning, was less structured and was anticipated to stimulate relaxed conversational flows (FCA Interview 2).

The second design incorporated a participatory activity with the interview topic embedded within it. This was anticipated to allow the children to be actively engaged yet reducing the need for verbalisations. It was clearly structured; based on the adult agenda of attachment relationships; and used a direct line of questioning (about attachment relationships). It was anticipated to stimulate a relaxed flow of conversation about the children's real and perceived relationships (PML Interview 3).

Comfort Measure

Do children use behaviours to express their discomfort and withdrawal of consent (such as; deception, resistance, task avoidance and dis-engagement, disruptions, silence, withdrawal, indecision in responses?) Is children's avoidance an expression of discomfort and an expression of withdrawal of consent?

How can I ensure the comfort measure is measuring what it is supposed to (valid measure) as it seems at times I am observing conflicting signs when children report they are happy? How can I check my assumptions based on observations of body language and voice tone and volume? How can I refine the comfort measure? Do I rely on self-report alone?

Authenticity

Do children tell the researcher what the children think the researcher wants to hear are they pleasing the interviewer? Should I explore this further? How? What do they really mean when they say 'I don't know'? I feel I need to emphasise to a greater extent the fact that there is no right answers just their answers and this may add time to the interview.

Interview Methods

The amount of information I am requiring the children to provide in the second stage interviews may be too much especially for the children that find it difficult to attend and stay engaged for longer periods (evident in the analysis of Interview 1). The interviews may need to be chunked into stages. How can I reduce the focus of only verbal responses? How can I reduce the boredom factor for the children?

What parts of interview 1's method worked well? What methods does the literature identify to assist children's comfort in interviews? How does what I have experienced fit with the literature? How does direct questioning and indirect question fit ethically, influence the participant responses and affect the children's' comfort experience? I need two specifically different methods which will highlight the differences.

Interviewer Skill

What skills have been revealed in the analysis as helpful and unhelpful? Focussing on the research agenda (causing interviewer discomfort) appears to be my challenge and reduce the effectiveness of the interview making it an uncomfortable experience. If I am uncomfortable because I am focused on the agenda it is likely the children will be.

Figure 16: Method Refinement Reflections

6.6 Stage 1 Results Summary

- The majority of the children disclosed any problems they may have early on in the interview e.g. I don't know what to say CH4; I don't want to get any one in trouble CH7, I am nervous CH6, I get sad when I talk about this CH3, I don't want to talk about my dad's past CH9, I don't like talking CH10, I don't like being asked questions CH2, I need to fiddle with something while talking CH11. Even though the children made these comments at the initial stages of the interview process, suggesting the presence of threats to their felt security, the majority of children later raised topics related to felt security without being asked directly. These topics included: caregiver security, birth parent and sibling security, peer relationship

challenges, safety and security, safe adults, being in trouble, meeting and talking to new people, being lonely, competence and being different.

- The majority of the children experienced some discomfort, prior to, during or after the interview process. This could be identified specifically in relation to the identification of potentially upsetting topics or in response to being interviewed. This highlighted the fluid nature of their emotions and hence their comfort levels.
- The majority of the children identified they needed to know an adult before talking to them. Eleven children wished to continue with the next set of interviews with one child saying it was up to the interviewer. Four children identified they wouldn't talk or reply if they did not want to answer a question.
- Challenges to the ethical administration of research presented as one child identified they did not understand what the research was about and was unsure if she was being recorded well into the interview. This raised the issue that some children may miss important information at the initial stages of the research process because of language barriers or nervousness.
- All of the children were exposed to adult decisions taking precedence over their own at least once during the research process. All the children were exposed to complicated confidentiality issues because of their choice to share their pseudonyms with their caregivers and by conducting interviews in the home settings.
- Challenges to authenticity of data presented in the form of children diverting from the interview topic, using "I don't know responses" and possibly "wanting to please the interviewer". Effective interviewer strategies were the use of parallel activities and stickers to promote participation and comfort.
- Influencing factors that emerged in relation to children's comfort were: interviewer skill; child competence (perceived and real); child characteristics (specifically language limitations; birth parent contact, propensity to report boredom; become distracted or nervous and perceived placement insecurity); interviewer role and child role; external factors (caregiver and sibling influence and setting); ethical issues; and the interview methods. The potential influence of mental health status and age were not clear.
- All the children engaged in parallel activities during the interview; five of these self-initiated the parallel play. Two children changed parallel activities more than once during the interview. All the children engaged the use of stickers irrespective of age

or gender. Eight children did not provide written responses to the some of the journal questions. Three of these children provided a drawing response supplemented by a verbal response. Two of these eight children decorated the response with stickers and provided a verbal response. Four children did not provide a written, drawn or verbal response to at least one of the journal questions.

- The journal served as a useful prop and prompt for the majority of the children but for some of the children the journal was relied on too heavily as a prop which resulted in the interviewer using it constantly as a prompt. In this way it became more like a participatory activity for these children.

The FCA was chosen to be the first interview method to be trialled with the children as it would provide children with more control over the interview process, because of the “open topic” design. This would allow them to opt out of topics should they feel threatened by the topic. In effect it was anticipated to be less threatening of their felt security than the PML activity, which focused solely on their attachment relationships, and was anticipated to promote a flow of conversation. The FCA interviews provided opportunities to continue to explore and further clarify the outcomes presented in this chapter.

The next chapter presents the results from the analysis of the data collected in Stage 2 through the implementation of the Free Choice Interview 3 design. This data was analysed using the case study analysis procedures as discussed in the Chapter 3.

CHAPTER SEVEN:

CASE STUDY ANALYSIS - FCA INTERVIEW

This chapter presents the results from the Stage 2 data analysis. The analysis was applied the case study methodology and analytical procedures. The analysis process implemented *within* and *cross* case comparisons as discussed in case study literature (see Eisenhardt, 2002; Stake, 2006). This process was implemented in three comparative sets. The first set of comparisons were made on the similarities, differences, and to identify any emerging patterns *within* each of the children's data sets (Interview1 and 2). These comparisons were made with a focus on the interview methodologies in relation to the children's comfort experience. The second set of comparisons was to make *cross* case comparisons, across all the children's data sets (Interviews 1 and 2 across all twelve children). These comparisons were made focusing on the categories identified in the grounded theory analysis as being central to participant comfort. The third set of comparisons was made *across* all of the children's interviews however was extended to include the supplementary data from the other measures such as the comfort, MLU, and observational measures.

7.1 Individual Case Analyses

The main purpose of the analysis process was to compare the findings across cases. To do this, individual case analyses were first carried out. This was followed by *within* and *cross* case analyses of each of the children's data across the interviews as outlined above. These are presented in Appendix 11 along with summary descriptions in Appendix 12. The comparative data for each of the children's data sets, identifying the similarities and differences across interviews 1 and 2 were recorded in their Field Notes for easier comparison (see Appendix 13 for an example of the Field Notes).

7.2 Cross Case Analysis

The process of conducting the individual within and cross case analyses provided information which clarified the ways in which children engaged; with the interviewer, the increasing sensitivity of the topics and the interview methodologies. These insights assisted in the identification of commonalities and differences across all of the children in respect of these three factors. These comparisons were useful in the identification of any deviant cases acting to strengthen the trustworthiness of the data.

The primary question which underpinned the comparative process was what do these similarities, differences and patterns tell us about the participant comfort experience and the appropriateness of the interview method used?

7.2.1 Interviewer-Participant Relationship

The children's responses (in interview 2) to the development of the interviewer's skills and their rapport provided further insights into how these factors may contribute to participants' comfort experience or contribute to their comfort within the interview and to their long-term wellbeing.

Rapport was easily built with children, yet the trust relationship was harder to build because the nature of the study meant that return visits could not be reliably scheduled. Three children made statements about the interviewer which indicated they had quickly developed a close relationship with her. This complicated the closure of the research process, placing children at risk of detrimental long-term consequences for children with histories of separation, grief and loss.

I: So you're happy? Why are you happy?

CH5: Because I haven't seen you for ages.

I: Who did you miss ... anyone when you went to camp?

CH10: No.

I: What about when you first got there?

CH10: Yep.

I: You did? Who did you miss when you first got there?

CH10: *You* and nanny and papa and A* (*sibling*).

CH8: Time I came here I was comfortable time I left (*child points to comfort measure*).

I: Uncomfortable... comfortable, uncomfortable, time I left, whole time being here. Is that right?

CH8: Huh?

I: The whole time I was here comfortable.

CH8: Yep.

I: And when I left you were uncomfortable.

CH8: Yeah, whenever you're leaving.

I: So that sounds like fun so that's the next activity so you want me to come back and do that with you?

CH8: Maybe tomorrow

I: Tomorrow?

CH8: Maybe next week the same

7.2.2 Child Competence and Communication Strategies

The identification of how children used communication strategies across the two interviews helped to clarify whether these were strategies to maintain comfort or if they were characteristic of the child's communication style. The primary strategies used by children in interview 1 were identified as distraction (getting distracted and distracting the interviewer), diversion, no response, "I don't know" responses and calming /or coping strategies.

These strategies were replicated in interview 2. It was, however, more difficult in interview 2 to clearly identify distraction from diversion as the interview activity was in itself highly distracting. Diversion appeared to typically occur soon after discussing a sensitive topic and children continued to avoid to return to the topic. When children were distracted they later continued on to discuss the topic. The level of difficulty of the activity contributed to the level of distraction.

The following are examples of how children became distracted in comparison to the ways in which children diverted from the interview topic following the revelation of a sensitive topic. All the children diverted from the topic at some time during the interview discussions.

Diversion

CH5: Um I'm angry I don't wanna see G* (*birth father*) in my life. Dad said he doesn't wanna see me in his life.

I: Did he? How does that feel

CH5: Oh um next.

I: What did you think about that, what do you think about him saying that?

CH5: Oh knife just broke.

I: So you worry about your grandmother not liking you?

CH8: She gets an X.

I: Why do you worry about her not liking you and not your granddad?

CH8: Wipe that off, you can't rub it off (*wanting to change the answer*).

I: Do you spend much time thinking about your mum?

CH6: I try not, I try not to worry about it because um, I don't like, I don't want to keep worrying about it.

I: Yeah.

CH: I just try forgetting.

I: You don't like the feeling?

CH6: No there's no yellow (*child diverts*).

I: You don't know? So and then you get sort of worried about it?

CH12: Try James Bond (*child diverts*).

Distraction

I: But how does it make it different that they're living with their mum and dad and you're living with your Nana mum.

CH5: Well because they don't have because I have two mums it feels great without other people living with two mums because if they did they would just make fun of me they do and if they don't make fun of me.

I: Yep, so if they've got.

CH5: Ooh this will be yum (*distracted*).

I: So if they've got, if they don't know what it's like they'll make fun of you, if they do know what it's like they won't make fun of you?

CH5: Yeah if they do.

Some children identified they would not respond if they didn't want to answer a question. This suggests that children use this as a strategy to avoid a topic that they do not want to discuss. It is likely, therefore, that if a topic is too sensitive children may avoid discussing the topic, by not answering the questions. This allows them to retain control over the information

they choose to share and is a strategy that children can use to equalise the power between the adult interviewer and themselves.

No Response Discussions

I: Ok what if they asked you a question and you didn't wanna tell them, what would you do?

CH3: Say nothing.

I: Would you just answer it?

CH3: Nah just say nothing

I: You just wouldn't say anything? So you wouldn't talk?

CH3: Yep.

I: So you're ok if they ask you happy questions? Good questions? How do you think you would act if I asked you a question that you didn't want to talk about? Something that you didn't want to talk about.

CH7: I just wouldn't say anything.

I: So you just wouldn't talk?

CH7: Uh uh.

I: Mmm you had a worry when you had to talk to me.

CH11: No not really I just didn't want to

I: You just didn't want to?

CH11: Yeah (*laughs*).

The child in the following example was resistant to talking and answering questions. He was often engaged in a power struggle with the interviewer over his play agenda and the interview agenda. It is likely his lack of response at times was strategy to increase his power within the relationship.

I: What about in your family are you worried about anyone liking you in your family? Who likes you in your family?

(*No response- back to game*)

I: Who in your family likes you then?

(No response)

I: You talk about your sister.

(No response- playing)

I: So who likes you in your family? *(Pause)* Anyone?

CH7: Everybody.

I: Everyone does, who do you like in your family?

CH7: Everybody.

I: Yeah so who's everybody?

CH7: All my family.

I: So who are your family?

CH7: Ah Nan grandma and everything.

The level of difficulty of the activity affected the children's ability to respond to the interview questions. This is demonstrated more fully in 7.4 Interview Method Discussion.

The "I don't know" response was specifically explored in interview 2 by providing a list of options from which the children could identify why they chose to respond this way. Some children used the "I don't know" response a great deal during the interviews, others not as often and some rarely. All the children used the "I don't know" response during the interviews at some time. When asked about their use of this response: three children identified they used this when they did not know what to say, six children identified they used this response when they didn't know the answer, one child gave no response, one child answered "I don't know", one child reported they forget what the question is, and one child identified they do not understand what the question means. Two of these children reported two reasons for using the response: one reported they don't know the answer or they don't know what to say; the other reported they don't understand and they don't know the answer. It was also observed to be used sometimes as an automatic response when distracted.

I: Yeah so. So what would be the other things?

CH12: Umm don't know.

I: Does that mean that you don't want to answer?

CH12: Yeah.

I: Yeah. You want to focus on the game and you say I don't know what does that mean when you say it?

I: Um hmm (yes). I'm just fighting zombies; aaaah.

The child in the following example had a high MLU (7.34) yet replied “I don’t know” in response to many of the questions (1.8 per minute in interview 1 compared to 2.4 per minute in interview 2). The questions she responded to in this way were often about herself and how she felt/acted or how she thought others felt/acted.

I: Not sure. What people would help you to feel safe? Are there any people that help you feel safe?

CH4: Um, I don’t know.

I: Don’t know. So you don’t know what the answer is (*reading off list*)?

CH4: Nope.

I: Don’t know what the answer is, you don’t understand (*reading off list*)?

CH4: I don’t understand.

I: I don’t know what you want me to say (*reading off list*)?

CH4: I don’t know the answer.

I: I don’t understand (*checking previous response*).

CH4: I don’t know the answer.

This child’s reports of why she used the response were firstly because she did not understand and then because she did not know the answer. By linking a concrete experience to the question the interviewer effectively facilitated participant understanding and eliminated the “I don’t know” response. This suggests the response was because she did not understand the question.

I: You don’t know. Do ever get that feeling like you’re on a pony (*raised by the participant prior*) when you’re thinking about anybody in your family?

CH4: Um, kind of.

I: Kind of. So who would you get that about?

CH4: Um, my mum.

This exploration of the “I don’t know” response raised questions about the effects of not knowing on the children’s comfort experience and felt security. In the case of CH4 her first response in interview 1 was “I don’t know what to say”¹⁰.

Coping strategies were identified across the children’s interviews. In interview 1 two children used singing to calm themselves. In interview 2 an additional child used this strategy to calm himself when his caregiver interrupted the interview and raised his “bad behaviour” at school.

I: What was it that you brought up at school that you got told off about?

CH12: (*Starts singing*).

I: Hmmm?

CH12: It doesn’t matter (*embarrassed*).

Nana: It does matter (*child’s name*).

CH12: No.

7.2.3 Child Characteristics

The stability of the children’s characteristics across interviews was identified in relation to the ways in which they promoted or challenged their comfort. The patterns of characteristics that emerged were: the propensity of the participant to become bored and/or frustrated, their language competency, their propensity for anxiety and discomfort, and their distractibility.

Three children became bored during the interview: one in relation to the activity and two because they thought the questions were boring. One child used the STOP card because he became bored (child reported) with the questions but decided to continue when the interviewer started to pack up to go. It can also be seen here that children are not always as suggestible as proposed in literature. All the children were able to disagree with the interviewers suggested answer as seen in the following transcript example.

I: You don’t want to do it? Why don’t you want to do it?

CH7: Cos it’s getting boring.

¹⁰ This could be because she was afraid of saying the wrong thing or getting in trouble activating felt insecurity. It could also be argued as one of the IWM’s influencing felt insecurity is competency based “I am not capable”; therefore not knowing may activate felt insecurity.

When asked about his comfort experience at the end of the interview:

CH7: Both of these combined.

I: So what does that mean?

CH7: Double happy.

I: Double happy when we were playing.

CH7: Actually four times as happy.

I: Ok double happy when we were playing, what about the questions?

CH7: Mm.

I: Angry.

CH7: Mm no.

I: Frustrated.

CH7: Mm middle.

I: Middle. Why did you pick that one first, it's ok to be.

CH7: Cos I thought it was middle cos of the face like that. I thought it was middle

I: Oh so just nothing.

For those children that had a greater propensity for boredom the use of a parallel activity did not make asking them questions any less boring.

I: So does it (the computer) make it less boring while you're doing this?

CH12: No.

One child (youngest of the sample group) became frustrated by answering questions and engaging in the computer activity. He indicated he was relieved when the interview session was finished.

I: What do you think life would be like for your friends that live with their mums and dads would it be different to you or the same?

CH2: Um different.

I: Different? How would they be different?

CH2: Oh he froze on me (*distracted*)!

I: How do you think they'd live?

CH2: Oh I don't know (*angry and blushing*).

I: How would it be different?

CH2: Click woah, watch out for this.

I: Ooh you lost it.

CH2: He's frozen...

I: Happy? Is that happy relieved? Glad it's over or, just happy that it's ok?

CH2: Glad it's over.

I: You're glad it's over? What's so hard about answering questions?

CH2: Ah, that I have to talk a lot.

I: You have to talk a lot and you don't like talking.

Some of the children didn't like talking and found it hard. Some children explicitly expressed nervousness contributing to their difficulty in answering questions. Other children mentioned across interviews 1 and 2 about their concerns for getting into trouble (C4 and C6), saying the wrong things (C10) and getting others into trouble (C7 and C9).

The following child had an extremely low MLU (2.19 interview 1 and 4.65 in interview 2). He identified early in the interview he didn't like talking. He found it hard to answer the questions and later revealed he was worried about getting it wrong.

I: Now last time you said to me you don't like talking that much. So how can I ask the questions without you talking too much? Shall we... I could get some paper and you could do some drawings if you want; or what do you think would be the easiest way?

CH10: I'll have a go at talking.

(Later in the interview)

I: It's that one down, easy, eh? Was it easy?

CH10: Mm, no.

I: No?

CH10: Not really.

I: Was it hard?

CH10: A little bit.

I: What was hard about it?

CH10: I'm trying to think of the answers.

(Later in the interview)

I: So do you find it quite hard to know what the answer is?

CH10: Yeah.

I: Is that because you're worried about getting it right?

CH10: Um, I'm probably worried about getting it wrong.

I: Was there one that was really hard to talk about or were they all okay?

CH: That one, the top one.

I: Doing things. What made that hard?

CH: Because since that was my first one. I was really nervous.

I: Okay.

7.2.4 Child Role

The ways in which the children engaged in the different roles of child, equal adult and child as adult, and how these roles may affect their comfort experience, were able to be explored more specifically within the comparisons of the children's roles across interview 1 and 2.

The roles the children adopted were stable over the two interviews. Primarily, the majority of children appeared comfortable in their role of child relating to the adult interviewer (the adult helping the child). Three children however provided clear examples of the child relating to the interviewer in the role of equal adult. One of these children at times adopted the role of child as adult expressed through his wanting to access adult material. This fostered opportunities to negotiate and collaborate with the participant openly to promote comfort.

CH12: Nana, Nana, You can watch this. [Elmo song in background] Can I show you another funny one? There is one called I'm Sexy and I'm homeless but they have a little bit of swearing in there. Can I still show you? *(Laughter, watching the video)*

Nana: Well I don't think this is what we need to be doing today.

CH12: Nope. Want me to show you this cool game I play? It's called Days to Die.

I: Are you worried if you finish the questions that I'm going to go, pack up and go, or you just want to play the game?

CH12: What? I just want to play this.

I: You just want to play it? All right have we got time to answer some questions in between?

CH12: Yeah, you want to listen to music when I'm doing it, downloading?

The following example demonstrates how power struggles can emerge between the participant and the interviewer, creating discomfort. When resolved the child reports he is double happy on the comfort measure about the activity and okay about the questions. In interview 1 child 7 and the interviewer engaged in a power struggle over the interview agenda. This continued into interview 2. The child presented the STOP card during the interview. This resistance was consistent across interview 1 and 2. Resistance could be thought to be the removal of consent and reinforces consent as an on-going process.

I: So the thing is if we stop, we stop everything.

CH7: Stop all the games ohh.

I: And I go.

CH7: I didn't know that.

I: So what do you wanna do?

CH7: Keep playing.

I: I know you don't wanna answer the questions but then I just pack up and go, so what do you wanna do?

CH7: Keep asking the stupid questions.

I: Keep asking the stupid questions?

CH7: Yeah.

Despite this response the child wanted to continue the research process and be involved in the subsequent interviews. He, however, engaged in negotiation and suggested that to make it worthwhile it he could get some Yu-Gi-Oh cards in return. Although this becomes an ethical dilemma it demonstrates the child's capacity to weigh up the costs and benefits of participation and feel comfortable enough to negotiate.

CH7: Across the road there's like this comic book store, then you go in and look at the front and you'll see some Yu- Gi-Oh packs. And you only get 9 cards but they're super rare.

I: So if- what you're saying is, you're happy to do the activity if I get you some Yu-Gi-Oh cards is that what you're saying?

CH7: Yeeasss!

I: Is that what you're saying?

CH7: Yeeeaah.

All the children at times asked the interviewer for permission, thus acting as child, and acknowledging the interviewer as adult. They all appeared comfortable in this role.

CH12: Nana, Nana, You can watch this. (*Elmo song in background*) Can I show you another funny one? There is one called I'm Sexy and I'm homeless but they have a little bit of swearing in there. Can I still show you?

I: What's the next one? What's the next one?

CH4: Can we do this (*asks to read her story to the interviewer*)?

I: Yeah.

7.2.5 External Influences

The external influences that emerged that affected the participants' comfort experiences were caregiver interruptions, the presence of the recording device and events in their lives which occurred between the interviews.

Four children regularly invited the caregiver into the interview by sharing information with them or asking them questions to clarify something.

I: And when you're doing this activity which one? (*laughter*) how'd you do that?

CH12: You can squint your face real funny. Nana, Nana, look. I'm pulling a finger there.

I: So, I...

CH12: Nana, Nana, Nana,

I: What's your brother's name?

CH5: D*.

I: How old is he?

CH5: Um mum knows. Hey mum how old is D*?

CG: Seven.

CH5: How old is B*.

It was difficult to predict the life events that occurred during the period between interviews but these changes had the potential to affect the children's engagement and comfort during the interviews. Two children had experienced a change of school since interview 1, and following these both appeared more mature in their responses. It is difficult to ascertain if this was because they were more comfortable in the interview and with the interviewer, or because of their school changes. One child had begun regular overnight stays with his birth mother between interview 1 and 2; his caregiver reported there was improvement in his aggressive behaviour. There were no evident changes to his behaviour in interview 2 compared to interview 1 except he reported more on his "unsatisfactory" relationship with his birth father with less reporting about his birth mother.

All the children were at some time aware of the recording device. This awareness often occurred at times when they were revealing something personal. It appeared to affect their behaviour following the awareness, either through withholding information or silly behaviour.

CH8: Mm that I get loved and spoilt! Don't actually know that I'm being recorded.

I: Yeah remember we talked about it, do you think it's not going? We can listen to it afterwards if you like?

CH8: Mm afterwards.

I: Anything else you want to tell me?

CH8: Nope.

I: Is it you don't know the answer or you don't know what to say.

CH6: I don't know what to say.

I: Don't know what to say.

CH6: Is that recorder going?

I: Yep. Do you want it to keep going?

CH6: Yeah.

CH11: I'm happy or sad

I: If I'm happy or sad

CH11: Hellooooo, hellooo (*into the recorder*).

I: You know what's gonna happen now so I'll be listening... and all of a sudden it will be going hellooo, it'll blow my eardrums (*both laughing hysterically*).

CH11: Helooooo, how are youoooo.

In interview 1 three children were hesitant about having the interviews recorded. In interview 2 only one child (CH9) was clearly still concerned and became upset during the conversation about the use of it.

Child 9 experienced a conflict over whether to be recorded and have the full attention of the interviewer; or not be recorded but have the interviewer less engaged in play, as they would have to record the interview by taking written notes. In the end the recorder was hidden from his view, in a place he suggested. This child had previously identified he was not allowed to talk about his birth father's past and this may have contributed to his fear of the recorder. This is reinforced by his feeling better about it when he knew only the interviewer would listen to it and may suggest he was concerned about who would hear his interview. This appeared to be a concern for four of the children.

I: What about the recorder? How do you feel about that one?

CH9: Umm ... that ... one there.

I: That one?

CH9: Yeah.

I: Sad? A little one or a medium one.

CH9: That one.

I: Medium sad. What are you sad about?

CH9: I don't really want to record on it.

I: You a little bit sad about it. You don't want to record? What are you worried is going to happen with it?

CH9: Um ... I don't really know.

I: You don't know? Do you feel ... does it make you feel better when I say that it's ... that only I'm going to listen to it?

CH9: Umm ... yeah.

I: Does it make you feel better?

CH9: Yeah.

I: Yeah?

CH9: Mmm.

I: Or should we just turn it off and leave it off?

CH9: It's ... little ... hard.

I: It's a little hard?

CH9: Cause, um, I can't play with you.

7.2.6 Ethical Issues

Through the comparative analysis the ethical issues that were not adequately dealt with or remained a consistent concern for children began to emerge. The consistency of these concerns had the potential to disrupt the children's comfort experience before, during and after the interview process. The issues that emerged related to, confidentiality and on-going consent issues, which was highlighted by the child's awareness of the recording device.

The following child did not like answering questions as he found them boring. When this was explored further it was found he gave consent because he liked the look of the interview resources. Prior to seeing the resources his caregiver had made the decision (for him) to respond to the recruitment material.

I: So why did you do this research, why did you agree to do the research?

CH7: Cos it's kind of fun playing games and everything.

I: So you like doing the games?

CH7: Mm hm (*yes*).

I: But part of the research is so that I can get information so that I can take it back and...

CH7: Yeah... I didn't really agree to this my Nan got it.

I: Did she?

CH7: Yeah.

CH11: You know the tape recorder is still on?

I: Um, yes. Do you want that off?

CH11: (*Laughing*) I don't mind, I'm just reminding you.

(*Later in the interview*)

I: Ohh yeah that's horrible aye.

CH11: Are you taping this (laughs hysterically)?

I: Only I... only I get to listen to it though I only I get to listen to it.

CH11: Good.

One child identified her nervousness was associated with her fear of the information not being kept confidential. This was this child's second interview; and the interviewer had advised her of the confidentiality of the information a number of times prior to this interview. This reinforces the notion children may miss important ethical and supportive information, that could enhance their comfort levels at the beginning of the research process, because of nervousness.

I: Do you think they'd (*other children in the care of their grandparents*), would they like the talking?

CH6: Probably not. They'll probably get (*hesitant in continuing*)

CH6: They might get nervous when they're talking. Are these yours?

I: Did you feel like you were more nervous at the beginning and less nervous at the end or were nervous all the way through?

CH6: I was really nervous at the start and now I'm not nervous anymore.

I: Okay. What do you think made you feel not nervous?

CH6: When you said that you're not telling anyone about it.

I: Okay. Do you think other kids when living with their Nana would worry about that I'm going to go tell someone?

CH6: Probably.

I: Who do you think they'd be scared of me telling?

CH6: I don't know but I was scared, I didn't want anyone to know.

This child further identified children would be more likely to report authentically if they were assured of confidentiality.

I: All right, when I go and see children that live with their grandparents and don't live with their parents, their birth moms and their birth dads. You can ask me some questions if you like. When I talk to them, they really want to please me and make me happy.

CH6: Yeah.

I: What can I say to them that would help them to not feel like they have to do that and can just say whatever they want to say?

CH6: Tell them that you're not going to tell anyone.

I: Yeah.

CH6: They're just going have it under their special name.

7.2.7 Child Engagement with the Interview Methods

The comparative analysis of participants' transcripts across interview 1 and 2 led to the emergence of information about the patterns of factors which appeared to influence the effectiveness of the method and its effects on the comfort experience of the participants. This raised issues regarding the use of puppets, props, the computer activity, the difficulty levels of the activity and the comfort patterns of the participants' throughout the interviews.

Two of the children used the puppets to answer some questions when they were finding it difficult to respond.

I: So what does the puppet say about being safe and unsafe?

CH10: He doesn't want to be near the, near the road.

I: Near the road?

CH10: Close enough to be run over without being on the road.

I: So what makes you feel safe then?

CH10: Uh, um.

I: Mr. Puppet?

CH10: Being with people.

I: So people adults or people children?

CH10: People anyone.

I: People anyone.

I: So what do you think Grandma (*puppet*) would say about being young?

CH4: I don't know.

I: How do you think of what she'd say? (*Older voice*) Ooh, Ditsy (*participant's pseudonym*). Ditsy, why do you like being so young?

CH4: Eehh, because I don't want to die.

This child later self-initiated the use of the puppet.

I: So if I was talking to other children that live with their Nanas like you, and don't live with their mums, what do you think would be the one thing that they wouldn't want to talk about? Or find really hard to talk about with me?

CH4: Um, I don't know.

I: You don't know.

CH4: Can we see if Granny (*puppet*) can see?

All the children even the older children liked choosing and using the stickers. For ten of the children the stickers were helpful in bringing children's attention back to the interview questions when they were distracted by the "free choice" activity.

The stickers bringing the child's attention back to the interview.

CH2: (*no response child distracted*)

I: Very good... Right well that's doing things shall we put a sticker on it, do you want me to put a sticker on it or do you want to choose one?

CH2: Bring it up here and I'll put a sticker on it.

I: Bring it up here do you reckon?

CH2: Oh what how was.

I: Which sticker do you want?

CH2: That, this oh that one, change it from here and then bring the board up (*child directs interviewer*).

For a few of the children the stickers did not work to bring the attention back.

I: All right. Well we can stick a sticker; we've done that one. It's one down. Pretty easy eh? Easy and quick? I'll pull out a sticker. Want me to put the sticker on or do you want to put it on?

CH12: Uh you can. Oh my God look (*playing the game*).

The props in interview 2 were the comfort measure circles, the puppets and the topic board. The props were effective for children that had trouble identifying emotions or verbalising a response.

The following child became very confused about her feelings. She self-initiated the use of the puppets and the comfort measure to explain her feelings.

I: Do you worry about being not liked?

CH8: She's just shrugging her shoulders (*puppet*).

I: She's shrugging? Little red riding hood you don't know, why don't you know?

CH8: You should just do it on the circles (*the comfort measure*).

I: Aye (*both laughing*).

CH8: You should just do it on the circles.

I: Ok, what's the circles, show me the circles.

CH8: I'll just pick up and then that's it, that's round (*laughing*).

I: Confused, confused by the question?

CH8: Yeah.

I: Or confused because she doesn't know.

CH8: Yeah.

I: She doesn't know how she feels?

CH8: Aha.

I: What about you Pampa (*puppet*)?

CH8: Ok let's just do it the ... How do you pick this thing up?

I: Sad, so that's Mr. Pampa that feels sad. So Mr. Pampa and little miss riding hood do you know young Miss Rose (*child pseudonym*)?

CH8: No.

I: You don't know Miss Rose.

CH8: Well a little bit.

I: Mm what do you think she would feel about not being liked?

CH: Mm I might think she's angry.

P: Angry, what do you think about that Miss Rose?

CH: Sort of so you're a bit right.

This easier way of expressing, through "showing" is reflected in the following participant example. This child had a low MLU and had previously reported he did not like talking or being asked questions.

I: If that's a missing feeling, which would be the one for your mum, for your tummy mum? For your tummy mum?

CH2: Ahhh.

I: Big one? What about S*? Big one? What about when you go away on camp, for this mum? Is there any missing?

CH2: (*Points*)

I: Little one? Little and what about your dad?

CH2: (*Points*)

I: Medium one? Ohhh so what do you do when you miss people?

I: Ok which topic next which one do you wanna do next?

CH2: That one (*child points at topic board*).

The opportunity to “physically show” allowed the child to reveal a concrete example through informal conversation.

I: Yeah what do you need help with, with an adult?

CH2: Ahh this it would be easier to show you.

I: Show you?

CH2: That.

I: What?

CH2: That (*child points to graze on arm*).

I: Ohh when you get hurt, when you get a sore so they help you to fix you up?

CH2: I feel well this is how it happened, well we were playing piggy in the middle with my uncle and D* was in the middle and my uncle threw the ball.

I: Yeah.

CH2: And it was nice and soft and just came down and whacked me in that leg and made me slip and scrape my arm right along there.

I: Oh and who did you need to help you?

CH2: Mm mum.

The computer activity was a popular choice for the children. Nine of them chose the computer activity. Four of these children chose another activity as well as the computer activity. The other activities included craft activities. Two children chose the castle game and

one child changed activities up to five times. One of the children that chose the computer also chose to draw and talk and did this for over 90% of the interview, only using the computer at the end of the interview. Two children sought additional activities to the ones provided during the interview; one of these included the puppets to use to answer questions.

7.2.8 Child-Interviewer Conversations

The comparative analysis within the individual child data sets for interview 1 and 2 facilitated the exploration of how children engage in relaxed conversation flows and how this is potentially an expression of their comfort. The LUs of the majority of the children were embedded in flows of informal conversation or the children recounting an experience. However the children with a low MLU did not present many examples of these conversation flows.

Child 3 and 10 (both with low MLU) did not engage in conversational flows much over the two interviews yet answered in response to the majority of the questions. The times they did were about the games they were playing. These utterances were longer in length than those on topic. The majority of the children with a low MLU engaged in conversational flows less often than those with a higher MLU.

The majority of the children with a low MLU increased their word usage with topics they were more comfortable expressing.

Interview 2 (LU on topic)

CH10: Because of after I get used to things I'm doing when I'm away I don't really miss them anymore. I just forget about them (24 words).

CH3: High school you get more classes and primary school you don't, high school you get technology science, um English, math, art and I think I forgotten now (26)

Interview 2 (LU on the topic of the game activity)

CH10: That's if you want it to go really far. That's if you want it to go really far. So pull it down as far as it will go and it'll make it go really far (35 words).

CH3: Yep I think I might change the game - for every day you get, get amount of money to spend the next day for fuel or lights and you can get lights its dark and you can just see the road - I think this is the long bridge (47 words).

The majority of the children had times within interview 1 or 2 when they engaged in a natural flow of conversation. A few children did not engage in these conversations in at least one of the two interviews. These were the children who had the lowest MLUs.

CH11 engaged in natural conversation more when she was engaged in the craft activity opposed to the computer activity.

CHI engaged more in conversational flows in interview 1, when he self-initiated play, constructing the gingerbread man, than when he was engaged in the computer activity (interview 2).

CH4 who had a high level of “I don’t know” responses in both interviews had her longest utterances when recounting a concrete experience during natural flows of conversation. These utterances were both on topic and off topic. This is illustrated in the following examples.

CH4: I wish because at least I have, I used to have (*pets*). Luckily I’ve got goldfishes. We’ve got about six or ten goldfishes. And Mama listened that sea monkeys was dead. And then we had another one that I had in my room because that was a blackfish. N* had an orange and white stripy fish and she named hers Nemo. They didn’t know that Nemo was a girl and she had babies and when our fishes died, we had to flush them down the toilet (LU when not reading her stories out – 85 words).

I: What about things that make you feel safe?

CH4: Well, I know.

I: What?

CH4:Um, because I was riding my new scooter I got for my birthday out there, and I saw sunset, not the sun when it comes up in the morning but when it goes down at night, and I heard this very strange noise and it scared me so I came back here real quickly.

CH12 spent the majority of both interviews expressing himself through a relaxed conversational style. He found the questions boring. His longest utterances in interview 2 were off topic during informal conversations about the activity however often provided relevant information about his attachment relationships, his personal views and experiences.

I: So does it (*the computer*) make it not boring while you're doing this?

CH12: No.

CH12: The thing I like about this (*game*) is that you can pretend its real life. You can drive down to the burger store in it, and you can lie down and watch TV. Get out of your car and stuff and look around.

I: So the R-rated ones are more real aren't they? They've sort of got more real graphics.

CH12: Yeah (*long pause distracted*) way better graphics.

I: Yeah. And it does; it's like it's really happening, you're really doing stuff on them?

CH12: Yeah because like you can go into the cars and pull people out. See, boom boom, I got him.

I: I can see why you like them better than the kid's ones.

CH12: You can get cars and do burn outs and helicopters and drive around the city, drive boats and you can turn your radio on and off and stuff. Like drive it on the beach. You can drift off down the beach. You know those chargers that he's got? I've got one of them chargers in the game because it's saved on it.

I: I think it's really stupid because they've sort of put their stuff on, and they do all the nasty stuff and you don't really care about the nasty stuff, aye, you just want to...

CH12: Yeah but sometimes when you are trying to do it like in real life, like doing the speed limit and stuff, people come out with shotguns and try to steal your rides and stuff.

I: So what would be your biggest worry in the world?

CH12: Mmmm I don't know - - my dad used to let me play it. But it's cool because me and my dad used to - I'd stay there at night and then in the morning we played it together. It was fun. You have a ghost after you die. That's after the cops come after you.

7.2.9 Sharing of Sensitive Information

The sensitive topics associated to their felt security that children chose to share were potentially an expression of their comfort. Although the topics they shared were prompted by the topic choices and key prompt questions it was their choice to what level they chose to divulge personal emotive information. The topics associated with felt in/security and examples from interview1, 2 & 3 can be found in Chapter 9 (section 9.3).

7.3 Selection of Topics

The children were able to select the topics in the order they wished to talk about them. The topics are presented below in the order of the list as presented to the children.

Table 5: Selection of Topic Order

Selection Order of the Topic Board - FCA												
Topic	Child1	Child2	Child3	Child4	Child5	Child6	Child7	Child8	Child9	Child10	Child11	Child12
Doing Things	2	1	1	2	1	1	1	3	4	3	1	2
Living with your Grandparents	1	2	2	5	3	2	3	1	5	2	2	1
Being Away from Home	3	3	4	4	5	4	Stop Card	2	1	1	3	3
Being Liked	5	4	3	1	2	3	Stop Card	4	2	5	4	4
Worry	4	5	5	3	4	5	2	5	3	4	5	5
Children selected the order of the topics they wished to discuss (1=first choice – 5= last choice)												

First Choice

For some of the children the topic order decisions were made based on whether those topics were more or less comfortable to discuss. Six children chose “doing things” as their first topic. Doing things was at the top of the list on the topic board. Two children identified they chose to start with this topic as they were going to follow the topic order. One child identified they chose this because they like doing things for their caregiver. Three children chose “living with your grandparents” as their first choice. One child identified this was because he liked living with his grandparents.

Two children chose “living away from home” as the first choice. One child identified he started with this one because he didn’t like being away from home and then indicated he would choose randomly from there. One child chose “being liked” as their first choice. One child used the “eeney meeny miney mo” strategy to pick a random start. This child also used the STOP card after his second choice. One child crossed “worry” of the list because she said she was not worried about anything but later in the interview discussed the topic of worry.

Final Choice

Six children chose “worry” as the final topic choice. This was the last topic on the list as presented to the children. Four of these children varied the topic choice order between their first and last choice whilst two decided to follow the list order. Two children chose “being liked” as the final choice. One child chose “being away from home” and two chose “living with your grandparents” as their final topic choice. No comments were given for these choices.

7.4 Interview Method Discussions

Nine children chose the computer activity, two children chose the castle game, and four of the five girls chose the craft activity. Three of these also engaged in the computer and craft activities at different times during the interview. One of the boys chose his own drawing book as an activity. Two children sought additional activities during the interview than those provided. Three children confused the purpose of the STOP card; two of these thought it was for indicating a change of activities and the other child thought the interview could not stop until she presented the STOP card.

I: So do you think you can help me? How do you feel now that this is finishing? Which one? I’m gonna pack up and ...

CH8: I haven’t even done...

I: It’s all finished.

CH8: I haven’t even done a stop sign, I don’t want to.

All of the children who engaged the use of the computer were observed to be distracted at some time during the interview. These distractions appeared to affect their levels of frustration with the game and the questions, disrupting the comfort experience. It was difficult also to ascertain whether participants were diverting from the interview topic because of discomfort or because they were merely distracted by the interview activities. There were differences between participant self-reporting about being distracted and the interviewer observations. Most of the children were able to identify other children may be distracted by the computer activity yet some were less likely to identify they were distracted by the computer activity.

I: Did the computer make it easier or harder to talk?

CH1: Easier.

(Beginning of interview)

I: Do you think you'll be able to talk and listen while you're doing the computer, same time?

CH4: Yes.

I: Do you think so? Okay.

CH4: Because I go on the computer a lot at school.

I: Do you? And do you talk as well?

CH4: Yes.

(End of interview)

I: What was it like when you were talking while you were on the computer? Was it hard, easy?

CH4: Easy

I: What would make it hard that they (*other children*) wouldn't talk while they were on the computer?

CH4: Um, because they might get distracted.

I: Yeah. Did you find you got distracted sometimes?

CH4: No.

I: You didn't? Would you tell me if you got distracted?

CH4: Yes.

When their distraction was highlighted, the majority of the children responded they were not distracted yet their responses immediately improved.

I: So do you think it would be easier to ask the questions and then do this?

CH12: Yeah. Why?

I: Answer the questions and then do the thing, because it seems like you're getting a bit frustrated because you can't do this and think about this and talk to me and think about.

CH12: Okay so what's the question?

I: What's the question? Okay, how do you feel when you have to do things by yourself on your own?

CH12: Just normal.

I: So what things are you really good at doing on your own?

CH2: Ah (*distracted by computer*).

I: Can you think of any?

CH2: No.

I: Can you think and do this and talk while you're doing the game (*long pause*)?

CH2: What I'm good at?

I: Hmm.

CH2: Ahh.

I: What are you good at doing by yourself, on your own?

CH2: Athletics.

I: Athletics yeah.

CH2: And riding my bike.

(*After several no responses*)

I: Do you have to concentrate hard on these?

CH5: Yeah miss D* always makes us do it... I think I can't do these

I: It's quite hard to concentrate, is there one that's quite easy to think about?

CH5: Um yep there's the jigsaw puzzles.

I: That's quite easy. Do you think it's quite hard to talk to me while concentrating on the game?

CH5: Nope it's fine.

I: Its fine?

CH5: I love doing this.

I: So tell me what it's like when how you feel about um...

CH5: My sister?

I: Yeap

CH5: Well its fun, it was sad when she had to leave.

One participant changed from the castle activity as he reported difficulty with playing and talking. He began to have problems with his breathing which were observed to be in response to becoming distressed. As a consequence he used the STOP card to change activity. He worked collaboratively with the interviewer to answer questions while the games were loading.

I: So sometime in that, you know when I was asking you questions. You know when I was asking you some questions then?

CH1: Yeah.

I: Um you do, you weren't answering was that because you were distracted or you were thinking? Or...

CH1: Thinking.

I: You were thinking.

CH1: Yeah.

I: Yeah well set it (*the computer*) up, or do you wanna talk before you go into that? Do you find it easier to do the questions and then focus on what you're doing?

CH1: Yeah.

I: Do you want to do another one?

CH1: Well I'm waiting for this (*game to load*), yep.

I: Yep which one?

CH1: *Child points at topic board.*

I: Doing things doing things?

A few of the children could identify they were distracted if questioned about it. During the interview child 3 changed activities and stopped responding completely when challenged he agreed it was because he was concentrating more.

I: Are you answering me or are you just going yeah, yeah, yeah.

CH3: I am answering you.

I: Yeah I know but tell me the truth I don't mind there's no right or wrong you won't get in trouble I'm just interested, I'm interested does this game being harder than the other ones for you so your concentrating more, so is it harder for you to answer the questions?

CH3: Yes.

(End of the interview)

I: Right so what did you think about that, did you think it was easy answering questions while you were doing the computer or was it hard?

CH3: It was easy and hard

I: Easy and hard? What were the hard bits?

CH3: Talking.

I: Talking, while you were playing? Is that what you mean?

CH3: Yeah.

I: So would it be better just to sit and talk and not do any activity at all?

CH3: Be better but I think ah do activities and play a game, I dunno whatever you think is best.

CH11: Um, fine. I just don't know.

I: (*Laughing*) did you hear my question?

CH11: Not really (*laughing*).

I: Not really, you were concentrating weren't you?

CH11: Yes (*laughing*) I didn't hear what you were saying.

The majority of the children found it harder to respond when the computer required greater concentration (*generally if it was new to them*).

I: Yeah. You find it quite hard to answer questions if you're concentrating?

CH6: When I'm trying to spell, yes. But sometimes it's okay.

I: When you're trying to spell it's hard to listen me?

CH6: Yeah.

I: Did it get annoying when I was trying to talk to you while you were doing the activities?

CH6: No

I: I noticed that you are more chatty off the computer though, but when your answers were shorter, shorter on the computer.

CH11: It's because I was concentrating.

Child 8 changed craft activities five times and identified there was too many choices.

CH8: Like this?

I: Yeah doing what we're doing, talking while playing with stuff? How do you think they'd feel about it?

CH8: I think they'd feel like a lot distracted.

I: Ok. So if I was going to talk to other children should I have more activities or less activities or different activities?

CH8: Mm.

I: Less activities more activities or different activities?

CH8: Different and less activities maybe?

I: Ok so what different ones should I have?

CH8: Well you should have the puppets.

I: Which question did you find the hardest out of all of those? Did you find any of them were hard or some were easier?

CH8: I think the... I don't know any like. I think all of them were easy apart from the ones I got distracted with and said I don't know.

An older girl identified the choice range suited her.

I: So what do you think if I took this interview style out to talk to children that live with their grandparents?

CH11: Mm-hmm.

I: How do you think they'd like it?

CH11: Um, yes I like this because this is fun because last thing, last time I said more fun and this was fun because we get to do lots of things.

I: Yes.

CH11: And um, I think just keep it like this because, just give them the option of what they want to do because sometimes they want to do different things at different points of time.

Five of the children (four girls and the youngest boy) who engaged with the computer activity wanted to share how well they could do their school work, by logging onto their school website, with the interviewer. The other children wanted to share their favourite games and sites to the interviewer. The opportunity to do so appeared to increase the rapport with the interviewer, the children's confidence, and their enjoyment and therefore their comfort in sharing.

Two children explicitly identified that the interviewer-participant relationship was important to increasing their comfort experience.

I: What made it easier for you to talk? 'Cause you didn't like talking and you did really, really well. What made it easier for you?

CH10: I don't know. I think that it was someone who I feel more comfortable with.

One child (7) was unique in the level of his resistance in both interview1 and 2, but even so when provided the opportunities to pull out or stop never took them. He identifies the importance of spending time with the interviewer suggesting this aides his comfort with the interview process.

I: Do you find it hard to answer questions while you're doing this (*castle activity*)?

CH7: Mm not really.

I: Not really? You just don't really want to aye?

CH7: Nah.

I: Why don't you want to?

CH7: Mm cos.

I: Cos why?

CH7: Ready? Ooh this is...

I: How could I make this better?

CH7: Um by coming over more often?

I: Coming over more often? To ask you questions?

CH7: Yeah and then we could play more.

7.5 FCA Word Analysis

A word analysis was conducted on the interview 2 transcript data (refer to the FCA Word Analysis in Appendix 14 for individual participant data). On topic percentages were calculated for each of the activities to determine the percentage of time the children were engaged in the interview topic. This allowed for comparisons across activities to be made.

The percentage of words on the interview topic whilst engaged in the computer activity ranged from 32.72% to 64.62%, which represented eight of the children. The percentage of

words on the interview topic whilst engaged in the craft activities ranged from 74.42% to 94.96%, which represented three of the children. The percentages of words on topic for the castle activity ranged from 25% to 52.32%, which represented three of the children. The percentage of words on topic for the child that changed the activity five times was 72.03% over the entire interview span.

Children that engaged in the computer activity and the craft activity showed increased percentages of words on topic when engaged in the craft activity. Some of the lowest percentages were those children that engaged solely in the castle activity (25% and 36.37%) with one of the children presenting the STOP card during the activity.

A major challenge to the focus of children on the interview topic when engaged in the computer was the level of difficulty of the computer game they were playing. This can be evidenced in the percentage comparisons across the interview span for child 6 who changed between the computer and craft activities. When she engaged in the first game she had a percentage of 32.72% this rose in another game to 47.14% and later when she was engaged in a school computer program with which she was very familiar with her percentage rose to 95%.

Below is an example of her distraction on the computer.

I: You'd tell me? Yes. Because when, what we find sometimes is people that live with their Nanas or their grandparents, they sort of -- and children, just children when adults are talking to them want to please them, so what do you think about that?

CH11: Um, fine. I just don't know.

I: (*Laughing*) did you hear my question?

CH11: Not really (*laughing*).

I: Not really, you were concentrating weren't you?

CH11: Yes (*laughing*) I didn't hear what you were saying.

When she was engaged with the craft activity she appeared to forget that it was an interview adopting a relaxed conversational style. Here she reminds the interviewer the recorder was on.

CH11: You know the tape recorder is still on?

I: Um, yes. Do you want that off?

CH11: (*Laughing*) I don't mind, I'm just reminding you.

I: Yes.

For children that enjoyed craft activities this aided their optimal interview performance. This was evidenced in the percentage data of child 11 whose percentage when engaged on the computer was 58.59% and when engaged in the craft activity rose to 94.96%. It was also reinforced by her forgetting that she was being recorded and therefore that she was being interviewed, and by the informal conversation style she adopted. This was similar for children that were engaged in an activity they enjoyed as long as it was easy for them to do.

7.5.1 Mean Length Utterances (MLU), Longest Utterances (LU) and Interview Durations

The MLUs as a potential additional measure for comfort were also compared across interview 1 and 2 (refer to MLU/LU/Interview Duration Comparisons in Appendix 15).

Ten of the children's MLU increased while two of the children's MLUs decreased. Eight of the children's LUs increased by over 5 words per utterance, two children's utterances increased by less than 5 words per utterance and two children's LU decreased by over 10 words per utterance. One of the children had both a decrease in MLU and LU in interview 2.

Interview duration did not necessarily equate to interview quality. All of the children's FCA interviews were 2 to 3 times longer in duration. Four of these children had percentages of words on the interview topic of fewer than 50%; the lowest of these four had a percentage of 25% on topic.

7.6 Stage 2 Comfort Measures

Comfort Measures were conducted at the beginning and the end of the FCA Interviews (2). Other comfort measures were conducted when the child appeared uncomfortable or when the child opted to use the comfort measure themselves (see Interview 1 and 2 Comfort Comparisons in the Appendix 16).

It was important to allow the children to name the comfort measure they chose as they sometimes forgot which ones were which.

CH7: Mm, umm black (*the worry circle*)?

P: You and your questions...

CH: Both of these combined (*the worry and the happy circle*).

P: So what does that mean?

CH: Double happy.

Ten children indicated they were a *big happy* at the beginning of interview 2 and two children reported they were a *medium happy* (“I’m okay”). One of these two children reported they were a *big happy* at the end of the interview session, the other reported a *medium happy* (“I’m okay”).

In total seven children reported they were a *big happy* at the end of interview 2 and five children identified feeling another emotion. One of these children reported a *big sad*, one reported a *big relieved*, one child (mentioned above) a *medium happy* and two children gave a mixed report. One of these children reported a ‘double’ *big happy* about the activity and a *medium happy* about the questions and talking; the other child reported a *big happy* but also relieved she was finished so she could watch television.

The child that reported being sad said this was because the interviewer was leaving. The child who reported “relieved” identified this was because “I have to talk a lot”. Ten of the children identified they felt a variety of emotions related to their felt security; when discussing the interview topics; which ranged from sadness, to worry, anger and confusion. One of these children identified that it was normal for her to feel some worry when thinking and talking about living with her grandparents.

7.6.1 Comfort Measures and MLU Patterns

Nine of the children’s self-reported comfort measures and interviewer observations reflected their MLUs (refer to the Comfort Measure Outcomes and MLU patterns – interviews 1 and 2) in Appendix 18). The MLUs of three of the children were less clear. Two of the children had consistently low MLU across both interview 1 and 2 making comparisons between the MLU and Comfort Measures less clear. The third child also had an unclear pattern of MLU and Comfort report in Interview 1, although he reported an *ending happy* on both interviews his (ending) MLU decreased. In both the interviews the child engaged in conversations with the interviewer about confidentiality concerns. This may have affected his MLU however it did

not affect his report of being a *big happy* at the end of both interviews. It was difficult to assess his comfort through interviewer observation as his presentation was consistently shaky and nervous in appearance.

7.7 Refinement Reflections

The following are excerpts of the researcher reflection journal which demonstrates the reflective thought which led to the refinement of the next interview method.

Researcher's Journal

How will the participants respond to the interview topic being embedded within the interview activity? Will the participants seek parallel activities outside of the interview activity? How does the use of parallel activities affect their comfort levels? Will the activity stimulate conversations about the participants' attachment relationships?

How do the participants feel when they don't know an answer, does this affect their comfort levels? Although the participants liked the activity boredom was still an issue for some children, how can I deal with this better? The interviews were very long were they too long?

Figure 17: Method Refinement Reflections

7.8 Stage 2 Results Summary

- Some of the children appeared to befriend the interviewer quickly emphasising the need for careful attention be given to the closure of the interviews.
- Participant nervousness and the awareness of the recording device highlighted the importance of repetition and simplicity of confidentiality issues at the beginning and during the interview process. The need for ongoing consent from child participants' throughout the interview process became evident.
- External factors were often difficult to anticipate and appeared to have an effect on some of the children's response to the interview process.
- The roles adopted and child characteristics were stable across interview 1 and 2. Boredom seemed to influence participant comfort and engagement in the interview process. Difficulties and dislike of talking were seen to influence their comfort and engagement in the interview process for five of the children.
- Children with low MLUs were less likely to engage in informal conversation flows which appeared to be the optimal form of expression for the majority of children.

- The interview duration appeared not to determine reporting quality but did appear to be an expression of comfort with all the children staying engaged for a substantially longer time in interview 2. The majority of the children reported liking the interview method used in interview 2. The difficulty level of the interview activity for some affected their ability to concentrate on the interview topics making it harder for them to answer questions.
- Distraction and diverting from the interview was stable across interviews. It was difficult to ascertain when participants were diverting from the interview because of discomfort and when they were because of distraction. This was because the interview activities in interview 2 were highly distracting.
- Parallel activities were used less by the majority of the children yet a few children still required additional activities alongside the main interview activity. Two children changed activities constantly, one within the computer activity and one across activities. This suggested some children found it difficult to remain focused as they had the propensity to become bored or distracted more than the other children.
- Seven children reported feeling happy at the end of interview 2 and five children reported other emotions. Feeling relieved at the end of the interview could indicate discomfort with the interview methods. Reasons for feeling relief included boredom, dislike or frustration about talking and answering questions. When the majority of children were engaged in informal conversational flows they were observed to experience more comfort and this was reinforced by their increased MLU and LUs.
- The majority of the children experienced a fluid change of emotion during the interview process suggesting a continual shifting of their comfort levels. It was difficult to ascertain when children were feeling sad, angry or worried about a topic they were discussing or whether they were experiencing discomfort about talking about that topic.

The following chapter presents the results from the analysis of the data collected in Stage 2 and 3. These data were analysed using the same case study analysis procedures as in the above chapter and are presented in a similar format.

CHAPTER EIGHT:

CASE STUDY ANALYSIS - PML INTERVIEW

This chapter presents the results from the Stage 3 data analyses. The analysis was used the case study methodology and analytical procedures. The process was implemented to make *within* and *cross* case comparisons. This was conducted in the same manner as described in Chapter 7 in relation to the Stage 2 data, however, was extended to include the PML Interview 3. This resulted in three sets of comparative data. The purpose of the first set of comparisons was to gain comparative data from the children's three interviews conducted in Stage 1, 2 and 3, including the Journal Interview (Stage 1), the FCA (Stage 2) and the PML (Stage 3). This was then used to make comparisons of this data across all the children. The final set of data was extended to include comparisons of the supplementary data from the other measures such as the comfort measures, MLU and observational data.

8.1 Individual Case Analyses

The main purpose of the analysis process was to compare the findings across cases. To do this, individual case analyses were first carried out. This was followed by *within* and *cross* case analyses of each of the children's data across the three interviews as outlined above. The comparative data for each of the children's data sets, identifying the similarities and differences across interviews 1, 2 and 3 were recorded in their Field Notes for easier comparison (see Appendix 12 for an example of the Field Notes).

8.2 Cross Case Analyses

These comparative data contributed to the identification of patterns *within and across* all of children's data sets (see Appendix 17). The process of conducting the individual *within* and *cross* case analyses provided information which clarified the ways in which children engaged with the interviewer, the increasing sensitivity of the topics and the interview methodologies. These insights assisted in the identification of commonalities across all of the children thereby strengthening the trustworthiness of the data.

The primary question which underpinned the comparative process was what does these similarities, differences and patterns tell us about the participant comfort experience and the appropriateness of the interview method used?

8.2.1 Interviewer-Participant Relationship

The length of time between Interview 2 and 3 was three months compared to four months between Interviews 1 and 2. The length of time between interviews and external events had the potential to disrupt the interviewer-participant rapport (see also 8.2.6).

For some of the children the unpredictability of the interviewers return was difficult affecting their comfort levels both within the interview and in the time between interviews. It is reasonable to assume this would also affect the trust relationship with the interviewer. For those children that identified a preferred length of time to return they identified a period of one week.

I: You done boy, what's next. Do you know I am going to come back one more time?

CH1: When?

I: I don't know. It might be

CH1: Tuesday

I: No, it'll be longer away than that

CH1: Tuesday

I: I have to take all this stuff and I've got to write it all up into a chapter and I've got to do that with a lot of other people

CH1: Ah.

I: Sorry.

CH1: Oh stop the chapter come back Tuesday.

I: So I am probably not going to be back until Christmas.

CH1: Seventeen people.

I: And that will probably be the last time okay.

CH1: It's me to go.

I: How do you feel that I don't see a time that you can come back and that it might be a long time or a short time before I come back?

CH8: Well, I actually get quite confused.

I: Do you?

CH8: Yeah, because how would I know. I don't even—well, it's like I have no idea how I cannot actually know, know whenever the next time you're coming isn't—I don't even know the time, if it's 2:00.

I: So how does it make you feel?

CH8: Quite anxious.

I: Anxious does it? Okay. So I need to set a time with you and then stick to the time. Do you know why I haven't set the time is because I go off and I have to interview all the other kids and then I have to get all their transcripts done, typed up; remember what we talked about transcripts? Then I've got to read them and I've got to look at them. Then I've got to design another interview and come back. So, sometimes some of the kids don't have their interviews for a while so I've had to wait until they've been done; so that's why it's taking so long. But, my next one I've already designed, and I'm aiming to come back within three weeks. Is that too long or too short?

CH8: Too long.

I: Too long. Okay. Well I will try to come back; when would you want me to come back?

CH8: Probably in a week's time.

An additional visit was trialled with one child. The child was chosen on the basis that he asked for the interviewer to come more often in Interview 2 and he presented as resistant and avoidant in previous interviews.

Interview 2 Excerpt

I: how could I make this better?

CH7: um by coming over more often?

I: coming over more often? To ask you questions?

CH7: yeah and then we could play more

I: so do you think if you knew me better, you'd be able to answer questions easier?

CH7: yeah

This child displayed continued resistance, avoidance and engaged often in power struggles with the interviewer over the agenda of the interview process. The extra visit occurred the day before the interview and there was no play activity involved. The meeting involved the presence of the caregiver, the child's birth mother and the child over a casual cup of tea and biscuits, provided by interviewer. Below is an excerpt of the field notes completed by the interviewer for CH7 after Interview 3.

Child 7: I made a visit to the child the day before the interview. This was promoted by the child stating after the FCA interview "it would help me feel more comfortable if you came more often". I wanted to see if this made a difference to his comfort levels and participation within the PML interview. It was also prompted by the feedback of child 1&2 in the previous PML interviews. The child ran to the door to open it for me and was really excited. This was a different manner than I had experienced at the other visits as he had presented grumpy at previous visits and I felt he didn't really want me there. The child had negotiated at the last interview that he would participate in the next interview if I brought him some Yu-Gi-Oh cards. At both these visits he did not remember the Yu-Gi-Oh cards (and never asked for them) and therefore it is safe to assume these did not influence in any way his choice to or his participation of the PML activity interview. He was very happy I brought him food and a drink and biscuits for his caregiver. The child was the most relaxed I had seen him and answered all the questions and completed the whole activity. The child still showed signs of boredom and wanted to keep the interview section short. The child still had a play agenda and negotiated to play the Castle game again after the interview which was the activity he chose in the FCA interview. Overall the child was less resistant and more willing to answer interview questions. The child wanted to know when the next visit was.

Figure 18: Child 7 Interviewer Reflections

The child was more comfortable and willing to help the interviewer but still was not a *big happy* about participating in the interview questions.

I: So why is it a medium (*happy*) and not a big one or little one?

CH7: Because I don't mind doing stuff with people

I: Right. So do you have any questions about this?

CH7: No. I asked them all yesterday, remember?

The interviewer-participant relationship is likely to affect the child upon exit of the research process. Some of these children indicated this in their comfort measures and others within the interview.

I: Happy and sad. What's sad? Which size sad?

CH3: Probably the middle.

I: Middle sad. What's the sad about?

CH3: That you're going?

I: That I'm going?

One child identified within the interview that the interviewer was her best friend this is likely to impact on the child's emotions at the closure of the interview process requiring careful management.

I: Where have you put me?

CH5: In the like place.

I: Why did you put me there?

CH5: Because... oh Hang on.

I: It's right. Wherever you put them its right, but if you can tell me why you put them there that's cool. If you can't that's ok to.

CH5: Because, you're my best friend.

I: I'm your best friend?

CH5: Umm-hmm, and I like you.

8.2.2 Interviewer Skill

In interview 3, two boys (CH1 and CH2) presented in a very different manner than in Interview 1 and 2. This was unexpected by the interviewer and subsequently was not managed with a high level of skill. Although the interviewer recognised the difference in the boy's attitudes and responses, the interviewer failed to slow the interview process down and take time to renew the rapport with the children

These findings from these two interviews suggest that no two contacts with participants are the same and participants felt security and potential for comfort may change across the span of the research process. This emphasises the necessity of interviewers to maintain rapport building and engage methods to ease into interviews no matter how many contacts they have had with the child, and its importance at the start of each interview session.

8.2.3 Child Competence and Communication Strategies

The PML activity allowed for the further identification of how children used strategies to maintain their comfort experience within the interviews. The communication strategies

previously identified in Interview 1 and 2 were distraction versus diversion, not responding, “I don’t know” responses and calming (or coping) strategies. These strategies remained consistent across Interviews 1, 2 and 3. The majority of children diverted from the interview following a sensitive topic.

Distraction and Diversion

I: So where do you think your tummy mummy would stick you on here.

CH1: What the hell is this? (*Distraction*)

I: What about your tummy mummy and your dad?

CH2: Nah. I don’t...

I: You don’t have a dad?

CH2: No, we don’t which mum or dad. How do you turn this thing (*recorder*) off?

I: Hold on, we’re not finished yet. Did you want to stop? Stop and pack up and that’s it? Everything goes away? What do you want to do?

CH2: Listen to me. (*Diversion*)

I: So don’t like and like? But you said that, “Actually, I think she hates me.” No?

CH8: Mm-hmm. I’m trying to make a cat out of this.

I: So you think she sometimes likes you and then other times she doesn’t like you.

CH8: Do you have any scissors or else I could always bend them back. (*Diversion*)

I: You’re angry about G* (*birth father*). How do you feel about S* Mommy, any of those feelings there?

CH5: (*spelling birth mothers name*), S* and B* (*sister*), how do you spell B*?
(*Diversion*)

The differences between the children being distracted and diverting were subtle but a distraction was differentiated from a diversion when the child went on to answer the question or continuing to talk about the sensitive topic after the distraction. A diversion however resulted in the question never being answered.

I: Yeah. Do you? What sorts of things do you (*birth mother and child*) talk about?

CH6: I’m just going to stick her (*birth mother*) on.

I: Where is she going?

CH6: Really like. (*Distraction*)

CH5: Mommy S* would put...

I: She would put you in really love so you think that S* Mummy really loves you? Is that all the time, some of the time?

CH5: Some of the time. Mom, can I have my morning tea? (*Distraction*)

I: its worse (*worry*) at night?

CH6: Yeah, and sometimes I wake up in the middle of the night or at two o'clock in the morning (*singing*) I like playing with Blu tack it's really fun.

I: I know, I liked making the little cats, I had fun doing the cats

CH6: I love doing Blu tack. (*Diversion*)

I: What do you know about coming here, do you know anything about why you came here?

CH6: Why does it say crayon? (*Diversion*)

"No responses" were common amongst the children yet it was difficult to always determine the causes for these but they often occurred when either the child was concentrating or the child was avoiding a sensitive topic or decided they just didn't want to answer.

The falsification test (Flyvbjerg, 2011) was applied to explore the potential reasons for some of the children's propensity to more easily and repetitively be distracted. It was initially thought to be related to mental health factors. Child 8 was the only child that fit the "highly distractible" category and not the "mental health diagnosis" category. Her case represented a single deviant case suggesting children may become highly distractible during interviewing because of reasons other than mental health. This means the supposition that mental health diagnosis is the single influence of children's distractibility levels is less likely to be generalizable across children and settings. Her case was compared to child 12 who presented as the most highly distractible and highest on the ACC.

Child 8: was a highly distractible, changing activity five times in Interview 2. She reported that there were too many activities and she required additional activities in interview 3. She

had no mental health diagnosis. Her ACC, although it was at the high end was still in the normal range. Therefore the likelihood that mental health factors for this child was low. This child however reported a high level of anxiety about not knowing when/if the interviewer was going to return. It is possible instead her felt insecurity in terms of adults being untrustworthy and unreliable may have been triggered. This is reinforced by child 8 becoming fatigued in her discussions about her attachment relationships and her reported difficulty in being able to perceive her “significant others” feelings about her.

In comparison Child 12 found it particularly difficult to stay focused for any length of time which increased his propensity for reporting boredom. This child had a mental health diagnosis of reactive attachment disorder. He was not prescribed or taking any medication. He had the highest ACC score of the children and was high on the clinical range. It was very difficult for him to sit still or remain focused on an activity. This affected the quality of his responses. Although he answered fewer questions (directly) than the other children he spent more time than any of the other children in natural conversation and this often resulted in the provision of quality information about his pre and in-care experiences and attachment relationships. He also reported and was observed to experience less discomfort than the other children.

The differences between these two cases also highlight the differences between distraction and diversion. Child 8’s propensity for distraction was more likely to fit the observations of diversion. She needed to take a break from the interview because of discomfort stemming from felt insecurity rather than any symptomology associated with a mental health diagnosis. Child 12 on the other hand was distractible and reported boredom however it is less likely this is related to emotional or psychological discomfort (other than in terms of boredom) but rather more likely to his inability to sit still and focus.

Concentrating

I: Okay. There’s two ways we can do it. You don’t have to draw them all. I can write the names on for them if you want. You don’t have to decorate them all. So we can either; just write their names on them and put them up there or I can write the name on them or I can decorate some for you. What do you want to do?

CH8: This one’s my grandmother.

Avoiding a sensitive topic

I: Why do you think it's better off? What would be different if you were living with your mum?

CH1: Oh it is full of soap?

I: What would be different if you were living with your tummy mum?

CH1: It is full of bubbles?

The children's feeling about not knowing the answer was explored further in Interview 3. Not all of the children were asked about their response to not knowing, yet for those that were some of the children reported they did not worry about it, one child offered a conflicting response and others reported they were worried about saying the wrong thing consistently across all the interviews.

I: So when I ask you a question you don't know, which one of those do you feel?

CH4: That one (*points at the "another emotion" circle*).

I: What's that?

CH4: I don't know.

I: What emotion would that be?

CH4: Um, hmm, I can't.

I: Just remember you're right. I can't make up a word.

CH4: I can't remember.

I: You can't remember. If I asked a question that was really hard and you don't know the answer, how would feel?

CH4: Um, puzzled.

I: Puzzled. That's a good word. You felt puzzled, sort of like confused?

I: When I ask you a question and you don't know the answer, how do you feel about that?

CH12: Um, I don't know um

I: When you don't know the answer to something that I ask you because it's too hard, how do you feel? Which one of those circles?

CH12: Um, um, that one

I: What's that one?

CH12: Worried

I: Worried, what are you worried about?

CH12: Um, that I don't know what to say

I: That you don't know what to say?

CH12: Yeah.

I: Do you ever worry that I'm going to get angry at you?

CH12: No

I: Do you ever worry you're going to say the wrong thing to me?

CH12: No

I: Do you ever worry that I might tell someone that you don't want me to tell?

CH12: No

I: No, you can be honest. Do you feel like you have to say the right thing to me?

CH12: What does that mean?

I: Well, when I talk to you do feel like you have to say something that's going to make me happy? So that right answer for me?

CH12: Nope

I: Do you worry about that?

CH12: Nope.

I: If I say to you, "How do you feel about Daddy T?" and you don't know and you say, "I don't know." How would that make you feel if you couldn't answer the question?

CH6: That makes me feel a bit sad that people are going to get angry at me for not answering the question.

I: You get worried that somebody's going to get angry?

CH6: Mm-hmm. I don't like getting told off

Coping Strategy: One additional child to the children in Interview 1 and 2, used singing or humming in the appearance of calming themselves during the interviewing. The use of this as a strategy by these children to manage their comfort became more evident across the three interviews. These children used singing and humming consistently across the interviews when a sensitive topic, with the potential to threaten their felt security, was raised. Four children in total used this as a calming strategy across the interviews. One child identified he was scared of the recorder, this was not dealt with appropriately and subsequently the child engaged in minimal responses, baby talk and singing during the interview (see 8.2.6 for an extended example).

I: Are you bumblebee?

CH2: (*singing*)

I: You're happy with that name still?

CH2: Uh-huh, uh-huh, uh-huh. Always, always (*baby voice*)

8.2.4 Child Characteristics

Reported boredom, discussing sensitive topics and comprehension difficulties were the factors that affected the length and quality of the interviews. They also disrupted the comfort experience. These factors were at times seen to fatigue the participants prompting the increased use of diversion from the interview topic.

Tired of talking

I: You stopped talking at the end though didn't you?

CH8: Uh-huh.

I: How come?

CH8: I don't know.

I: Tell me, you can tell me the truth; I don't mind. Tell me whatever you want to tell me.

CH8: I had enough talking for the day.

I: I'm going to ask you a real tricky question now. And then we're nearly done. Are you getting tired of answering questions or are you all right?

CH9: A bit tired.

I: A bit tired. Hard work isn't it? What makes it hard work?

CH9: I'm thinking of the answers

I: So how did you feel about talking about all of these people on the board?

CH9: Uh, this white one.

I: This white one? Big, small, medium?

CH9: Medium.

I: Medium. What made it medium and not big or little?

CH9: The questions were hard.

I: Yes, some of the questions were hard to answer. What made them hard to answer?

CH9: There were a lot of them.

The questions in Interview 2 and 3 were about equal in number. The difference between the interviews however, was the questions were more generalised across topics in Interview 2 compared to being more specific and limited to exploring the attachment relationships in Interview 3. The questions in Interview 3 therefore had the potential to be more sensitive and threaten children's felt security.

An additional child (CH4) to the three (CH7, C11, CH12) across other interviews reported boredom in interview 3. CH7, CH11 and CH12 kept their responses to the point and their interview duration in Interview 3 was shorter than Interview 2 (91 minutes (2) to 32.15 (3); 69.38 (2) to 46.18 (3); 78 to 42.54 (3) respectively).

C11 In all of the interviews with this child the interviewer arrived to find the child had not been informed of the interview time or date. This resulted in some frustration in Interview 3 as it conflicted with her favourite television program. She may have intentionally kept the answers short to not miss out on her programme. This resulted in the following negotiation between the interviewer and the child:

CH11: Oh, my show's on.

I: We're just about finished.

CH11: It's got one minute to go.

I: Oh, has it? I'm sorry.

CH11: That's fine.

I: I've wrecked your TV programme.

CH11: I can just watch it On Demand.

I: Oh well, that's a good idea. Do you have the One Plus?

CH11: Yeah, we're good. It's at 5:00.

The additional child (CH4) did not decrease in interview duration (99.39 (2) to 102.20 (3)) and appeared to become bored with the activity rather than the interview interaction or questions.

CH4: Can we play with the dolls (*the activities paper people*)?

I: With the dolls?

CH4: Yeah. Whoops.

I: We can do you whatever you like. You're in charge of this session miss. Where are you?

CH4: Um, can we play with the dollies now?

I: Yep. Are you sick of drawing?

CH4: Mm-hmm.

I: Okay. What we'll do.

(Later)

I: Had you had enough of doing the people or did you have enough of talking?

CH4: Doing the people.

The majority of the children showed across Interviews 1, 2 and 3 that they were able to negotiate with the interviewer.

8.2.5 Child Role

Some children were observed to take on a "baby-like" child role when feeling discomfort. This was expressed as baby talk, short non-word responses and silliness.

CH2: The tape recorder is scary.

I: Why?

CH2: It's scary ...

I: So who's that that you're drawing?

CH2: Dad, dada, dada, dada, yeah...

I: Are you bumblebee?

CH2: *(singing)*

I: You're happy with that name still?

CH2: Uh-huh, uh-huh, uh-huh. Always, always.

Across the interviews there was a pattern of boredom being reported in relation to the dislike of questions; however it was unclear if the dislike of questions and reported boredom was related to discomfort of the questions. For three children reported boredom was accompanied by silly responses. This however could not be relied upon to differentiate between discomfort attributed to boredom or attributed to something else such as felt insecurity.

During Interview 1 CH11 used a lot of baby talk, silly talk and imaginative talk and at times showed signs of boredom. This was thought to be signs of discomfort as she was at first very reluctant to speak to the interviewer and reported it took her time to get to know people. This report was supported by her caregiver. In Interviews 2 and 3 this response type was significantly reduced. The one incidence of silly talk however in Interview 3 was in response to a question that had the potential to threaten her felt security (asking about the decision making that led to her living with her grandparents). This supports the notion this type of talk for CH11 may be indicative of discomfort.

I: And do you think they've made a good decision about where you live?

CH11: Sometimes

I: Sometimes. When sometimes and when not? When wouldn't they?

CH11: Well in the mornings they don't. (*Laughter*)

I: Why not in the mornings?

CH11: Because they're tired.

I: They're tired?

CH11: Yeah. Yeah when they're with their farts in the morning. (*Laughter*)

I: Is there a time when you don't like yourself.

CH12: Um, not really.

I: Not really. When we first said it you thought don't like straight away.

CH12: Mmm.

I: What was that about? Can you remember what you were thinking about?

CH12: No.

I: No.

CH12: Oh wait, yes.

I: What?

CH12: I was thinking of zombies.

8.2.6 External Influences

Adverse Life Events: The comparisons across Interview 1, 2 and 3 highlighted the potential influence of external factors on participants comfort. With the complex daily lives of children in out-of-home care a number of events may occur during the research period for children which have the potential to disrupt the interviewer-participant rapport and the children's felt

security. During the period between Interview 2 and 3, five children experienced apparent events that impacted on their sense of wellbeing. For one of these it was a traumatic event involving her birth father and a birthday celebration which involved unexpected contact with her birth mother, sister and maternal grandparents. For one child it was a school suspension. For another child it was continued discussions and custody hearings concerning her potential placement with her birth father. For two of the others it involved being sent home from a respite care camp, C1 had also begun counselling and had experienced a stand down from school.

CH1 & CH2 (siblings) attended a respite care camp between Interview 2 and 3 from which they were sent home early because of aggressive behaviour. Both these children presented at Interview 3 quite differently from Interview 2. This had not been anticipated by the interviewer and disrupted the interviewer rapport, interviews and comfort experiences for both these children. Both the CH1 and CH2 seemed unsettled when the interviewer recorded anything that could be viewed as negative about their participation, such as that they were sad, angry or didn't think the activity was fun. It may have been that this unsettled response was because they wanted to please the interviewer or did not want to be seen to fail the interview activity mirroring their perceived failure at health camp). This would be consistent with felt insecurity about their perceived competence.

CH1 This child met the interviewer at the door giving her a hug saying "it has been so long since we have seen you." During the interview he became very sad, distracted, paced the room until the interview agenda gave way to his use of parallel activities and the interview task was left uncompleted. His comfort reporting conflicted at times and it was difficult to determine which answer he provided about comfort and the activity was authentic as he appeared unwilling to displease the interviewer. He did, however, answer some questions that had the potential to threaten his felt security (about his attachment relationships) in a consistent manner with Interview1 and 2. This may have indicated some trust may have been established and maintained between the interviewer and the child from prior interviews. C1 took a toilet break in Interview 2 and 3; this was consistent with his reporting that his calming strategy was to have time out and the toilet break occurred at a time when he appeared distressed. In Interview 3 he began to talk about his birth father and then his birth mother. He made a screeching noise (an indicator on his interview profile for distress) and a few responses later he took a toilet break (a strategy previously identified by the child as taking

time out to calm down). In the toilet break in both interviews he reported he was feeling okay. In Interview 2 he changed the activity and in Interview 3 he continued the interview with an increasing number of diversions from the interview until he eventually stopped the interview task later reporting he was too sad (see Appendix 19 for the transcript example).

CH2 The second child was not there when the interviewer first arrived and when he came in he was eating noodles, was shy, embarrassed and nervous. He was acting “silly” and “babyish” reporting he was scared of the recorder. He presented with limited vocalisations, talking like a baby, making noises, not answering, pointing, fidgety and very anxious. This was explored with the participant.

I: So was it quite hard to talk to me when I first came in or was it easy?

CH2: Easy peasy.

I: Because you were a little bit shy weren't you?

CH2: Yeah, I always am.

I: Why do you think you were shy of me?

CH2: Because you were new.

I: Because why?

CH2: Because you were new again.

During the interview he presented in an angry state manifested by resistance, avoidance, baby talk, inaudible talk and reported fear of the recorder. Like C1 although the answers he did provide about his attachment relationships were consistent with previous interviews (indicating authenticity), it was difficult to ascertain authenticity about his reporting on his comfort and the activity because it appeared he was moving between resistance and avoidance, and not wanting to displease the interviewer.

Participant discomfort can disrupt the interview and complicate authenticity of reporting. The experience of being exited from respite care early for child 1 and 2 was likely to threaten their felt security reinforcing maladaptive IWMs activating the attachment system. This was more evident with child 2 as this manifested in overt behaviour compared to child 1 who behaviour changes were more subtle. This would however, make both of them more vulnerable to experiencing discomfort within the interview relationship and setting. In

Interview 3 (see Appendix 19) child 2 moved from angry and avoidant to calm and relaxed towards the end of the conversation. The information regarding the interview topic however remained unobtainable.

The extended transcript example of the interview interactions (in Appendix 19) illustrates the complexity of the social interaction of the interview, the influence of external factors that occur between interviews and are not known to the interviewer prior to interviews, and the skill levels required by interviewer to manage participant comfort and maximise authentic interview data.

Caregivers Influence: The caregivers influence on the children could be seen across Interview 1, 2 and 3. This influence was sometimes helpful and sometimes unhelpful and could give rise to ethical issues. The majority of the children were comfortable about the presence of the caregiver however for a few children confidentiality from the caregiver was explicitly requested. The following example demonstrates how data about the caregiver-child relationship can be generated from observing the relationship within the interview context and how the caregiver relationship may affect child comfort and confidentiality. It also highlights the intense attachment relationship that can exist between children in care and their caregivers. This in turn can both help and hinder the interview process. The authenticity of the child's responses can be compromised through their desire to please their caregiver.

CH5 the caregiver-child relationship observed within Interview 3 highlighted the complex confidentiality issues when interviewing in the home setting, with the child worrying about the caregiver disagreeing with her, asking her for permission to say something, sharing information and aspects of the activity with the caregiver throughout, and checking with caregiver for the correct answers.

CH5: Really love. Mum, I'm going to read you my newest thing now. People in my life: Don't like

CH5: Mum just told me, "Yeah right."

I: Don't you agree with that?

CH5: Mum, don't you agree with that?

Caregiver: No, I do not.

I: What do you think?

CH5: Because, we don't get along together. She keeps [on swearing at us 00:37:49].

Caregiver: Who don't I agree with?

CH5: E*.

Caregiver: And?

CH5: B* I forgot one more, me.

I: Ok. Who decided that you come here? Who made that decision?

CH5: Mum. Who made the decision, who made me come here?

Caregiver: What, to live with us?

CH5: Yeah.

Caregiver: Mummy and Daddy and the lawyer and then CYFs.

CH5: Uhh, huh (*whispers to caregiver – asking for permission to share something with the interviewer*)

Caregiver: If you want to.

CH5: When I was a baby, when I was with Mom and Dad, Dad was feeding me and I farted on his lap.

I: Did you? You would have been only a little baby, though.

CH5: I was one, I think. I was two when he died.

I: Yeah.

CH5: I was trying push the orchestra man off of the piano.

I: Were you?

CH5: Umm-hmm.

I: Can you remember that far back, because you were... How old would you have been when you came here?

CH5: Was I nine, Mum?

8.2.7 Ethical Issues

One sibling set became competitive with each other with regard to how many people they had in their life. This influenced their use of the activity. It was difficult to stop the child participants interacting about the interview activity in-between interviews, which, of course, compromised confidentiality. To overcome this, it is suggested sibling set interviews need to be conducted one following the other on the same day. This, however, cannot always be ensured as was the case in the present study.

CH: I'd really want to get the whole collection (setting up) I want to see if I can make wait a sec – 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12. I need ten more than her (*mumbling to herself*) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17. Did you make her one cat?

Prior to Interview 3 children that had presented as sensitive to the recorder and confidentiality were shown their Interview 2 transcripts to show them that others would be unable to determine their identity. Recorder awareness and concern about note taking however remained consistent across Interview 1, 2 and 3 and was often seen to be linked to the children's concerns when revealing particularly sensitive information or specific information they didn't want others knowing they said. For this reason the participants will not be identified in the following examples (they will be labelled a, b, c, etc.).

I: Well I miss him very much and I worry that he (*step-father*) is going to die or something like that. I'm glad the recorders not working for this.

I: It's back on again.

CHA: Oh is it?

I: But that's all right, remember you won't have your name on it so nobody will know it's you ok.

CHA: Okay.

I: So why would dad be in love?

CHB: Because he's annoying.

I: He's annoying.

CHB: Don't write he's annoying. Don't write that (*yelling*).

I: Remember it's just going to be under child B.

CHB: Oh, I just said that when that was under (*appears distressed*).

CHB: S*, don't.

I: S*, don't like. That's your Auntie.

CHB: Actually I put her on like because otherwise she'll get angry.

I: She's not going to know.

CHB: Okay, then I'll put her on don't like.

CC: Don't know and don't care

I: Don't care?

CC: Are you actually writing that down?

I: Yep

CC: Oh, my god.

I: (*participant picked up the recorder*) anything that's going on for you at the moment that you're a bit angry or confused about?

CD: No

I: No sad about? You want to turn that off.

CD: No, I want to listen to it.

I: You want to listen to some of it?

I: You said that with you and Mummy that you change between that. Would she change you between really love and really unhappy, don't like, like, love?

CE: That one and that one.

I: So, swap between those two. And who's next on...

CE: Is that recorder going?

I: Yes, is that ok?

I: Is it going all right; you alright with the tape going on, and let's put it there?

CF: The first time I wasn't really.

I: Weren't you the first time? How come you let me do it if you didn't like it the first time? We played the piano a bit didn't we, but how come you let me tape you the first time?

CF: Because I wanted you to keep the *piano thing*, but I wasn't really quite sure about the talking.

I: Yeah. What were you worried about?

CF: That I would make a mistake in it really.

8.2.8 Child Engagement with the Interview Methods

The PML activity was anticipated to engage the children with the interview questions being embedded within the activity eliminating the need for parallel activities. This method style suited some of the children but not others. Four of the children became bored with the activity of decorating the people. Two of the boys engaged more fully with the interview

topic and opted for the interviewer to write the names on the people rather than decorating them themselves. They however became bored with the interview questioning which resulted in the shortened duration of their interviews and wanting to play early on in the interviews. Two of the girls reported becoming bored with the decorating of the people.

I: Yeah.

CH11: I'm just going to leave them plain I can't be bothered

CH4: Um, can we play with the dollies now?

I: Yep. Are you sick of drawing?

CH4: Mm-hmm (*yes*)

I: Okay. What will we do?

There were fewer opportunities to engage with parallel activities in Interview 3. The parallel activities were shown to the children but not emphasised then left in the interview bag and were made available to the participants only when they actively sought them.

Six of the children sought extra parallel activities at some time during the interview process. Two children engaged with their pets consistently throughout the interview. Four children were both observed to and reported enjoying the activity. The following example show the ways in which the children used parallel activities during the interview. The use of the parallel activities often increased when the children became uncomfortable. For those children who reported really enjoying the interview activity, parallel activities were not sought.

CH1 decorated the people and did not require parallel activities until the topics became more challenging for him and his responses became slower. After the question “what would be the difference if you lived with your tummy mummy” he diverted to fully disengaging from the interview topic and engaged fully with the parallel activities.

CH2 engaged with the decoration of the people and asked to keep some of the blue tack yet did not seek other activities until he decided he wanted to stop the activity at the point that he became uncomfortable with the process.

CH3 required no extra parallel activities during Interview 3 and reported he enjoyed decorating the people.

CH4 became bored with decorating the people and the interviewer took over. She began the interview indicating she would require help doing the people as she was worried she may make a mistake colouring them in. The child interacted with her pet cat during the entire interview and used the cat to both make decisions for her and speak for her at times during the interview. In Interview 2 this child used the puppets to speak for her and across interviews and had a high level of “I don’t know” responses. This child made blue tack cats for the PML activity and engaged with the animal puppets and a Lego toy towards the end of the interview process. She wanted to just play with the activity people early on in the interview.

CH4: You can do me.

I: Can I do you? Can I?

CH4: Mm-hmm.

I: You going to be a big one or a small one?

CH4: N* (*cat*) chooses.

I: Which one? Which one shall I do?

CH4: She says big one.

CH5 required no extra parallel activities during Interview 3 and opted to decorate the people herself. She reported enjoying the interview activity very much.

CH6 reported loving the interview activity and consequently required no extra parallel activities during Interview 3. She opted to decorate the people herself with the help of the interviewer.

CH7 played with the puppets and the koosh balls as he responded to the interviewer questions, the interviewer wrote the names on the people as directed by the participant.

CH8 chose to decorate the people yet used the Blu tack to make her cats after trying to alter the people to look like cats. She reported confusion and that she struggled with the last part of

the interview activity. She used the puppets and engaged with the parallel activities towards the end of the interview process. This increased parallel play was accompanied by a reduced response to the interview questions.

CH9 was very good at drawing and used this as a free choice activity in Interview 2. It was anticipated the PML activity would be enjoyable for him. He began the interview by decorating the people yet handed this over to the interviewer midway through the interview. He did not engage with any of the parallel activities despite reporting the interview questions were hard. This child was unique from the others as the people he made were concentrated on his friends and he did not choose to make people for his caregivers. This resulted in limited conversation being generated about his attachment relationships.

CH10 required no extra parallel activities during Interview 3 and opted to decorate the people himself. He reported enjoying the activity.

CH11 ate biscuits and interacted with her pet dog intermittently during the interview. She reported boredom with the activity.

CH12 used the parallel activities in the final stages of the interview whilst the interviewer was ensuring the paper work had been completed accurately, he opted for the Blu tack and played with the koosh balls for a short while. He reported the interview activity was easier than the previous interview activities as it was less distracting.

Use of Puppets: in Interview 2 the only puppets available were people puppets in Interview 3 both people puppets and animal puppets were made available. The children that used the puppets to talk in Interview 2 did not use them as often. Rather one child (C4) used her cat to speak for her and one child (C8) used the people puppets as people able to interact with the interviewer and used the animal puppets only in their restricted animal role. She used the ‘people’ puppets to divert from a sensitive topic whilst she used the animal puppets more throughout the interview to fiddle with these were accompanied by less verbalisation. Another child (C6) used the animal puppet to answer the question (although this was prompted by the interviewer).

I: Does she (*birth mother*) really love you?

CH8: That's Mr. Cowboy.

I: Who's Mr. Cowboy that one? Want me to do anything?

CH8: Not really.

I: What does Teddy say? Did N have any nerves today?

CH6: What does "nerves" mean?

I: Nervous. Do you remember feeling a bit nervous the last time?

CH6: He says "no".

Two children took breaks in the interview process this appeared to increase their comfort evidenced by increased response rates and MLUs, by 5.9 and 3.0 words (on topic) per utterance, immediately after the break. This could suggest taking a break in the interview when response rates are low may be beneficial for participant comfort.

8.2.9 Child-Interviewer Conversations

The PML activity in Interview 3 reduced the conversation flow of two children (C7 and C12) in comparison to previous interviews. The majority of the children's use of informal conversations to express themselves was stable across the interviews. The PML activity at times appeared to restrict opportunities for child led conversations. The MLUs were consistent with the findings of the previous interviews and increased when children engaged in informal conversations. Below is an example of the way in which a child engaged in informal conversation more effectively than the "question/response" format initiated by the interviewer. This is reinforced by the increased word usage (MLUs) during these conversations.

Example of Informal Conversation

CH11: I won my science fair.

I: Did you?

CH11: Yeah.

I: What did you win that for?

CH11: Um, best, which is the best colour of your house. And I made, I put a roof on my science fair. Do you know where what a science fair is?

I: Yeah.

CH11: Yeah. Put a roof on the top of it and I made a gate at the bottom of the stack. It was house.

I: Yeah.

CH11: And I won first prize.

I: Very good.

CH11: So I get to go to the next lot of them. And I get win money.

I: Oh, so who do you get to compete against next?

CH11: Um, the whole of C (place name) and intermediate school. It's going to be fun.

I: Oh wow. So did you win anything or you just won another chance to go through?

CH11: Um, you won the chance to go through and then you win something. (MLU = 13.38)

Comparison Example

CH11: The girls are blue, so that's Papa, Nana, C, N, M? No it's alright I just do this

I: You have lots of people around you, haven't you?

CH11: Mmm and that

I: Come off for you next one?

CH11: No, it's okay that I'll just use a different colour. Nick.

I: It's those ones too

CH11: Yeah. M* oh no

I: Upside down face. (Laughter)

CH11: M* and K* (*aunty and uncle*)

I: So who makes all the decisions about your life do you think?

CH11: Me

I: You do? Yep

CH11: K* (*aunty*)

I: So all them, from where you got to school, what you eat, what you wear?

CH11: Yeah (MLU = 5.25).

8.3 Interview Method Discussion

All the children that engaged with the computer in the FCA stated they preferred this activity to the PML Activity. Two of the children however suggested the computer was more distracting. They were observed to be able to focus more on the interview than previous interviews and reported less frustration and boredom with the interview questions. For both

these boys the PML was much shorter in duration than previous interviews however this did not compromise the information they provided. Some of the children found the second part of the PML questioning difficult and were observed to become uncomfortable with the process.

Whilst the PML activity was a participatory design, where the interview topic was embedded in the activity, the use of parallel activities was still sought by the majority of the children. This was typically at times of discomfort.

8.4 Stage 3 Word Analysis

A word analysis was conducted on the interview 3 transcript data (refer to Appendix 20 for PML word analysis data). On topic percentages were calculated for each of the activities to determine the percentage of time the participant was engaged in the interview topic. This allowed for comparisons across activities to be made.

The percentage of words on topic whilst engaged in the PML activity ranged from 58.39% to 89.11%. Nine of the children had percentages of over 70%. The lowest percentage (58.39%) of on topic conversation was from C1 who disengaged from the interview topics and activity because of reported sadness. The other two children had percentages of 65% and 66.01%. One of these children had low language capability identified by a consistently low MLU of under 5 words per utterance and the other child had a high MLU yet used the “I don’t know” response repetitively across interviews. Her self-reported reason for using this response was that often she did not know what the answer was in Interview1, and she felt “puzzled” in Interview 3.

The percentages across Interview 2 and 3 show all twelve children had an increased percentage spent on topic in interview 3. The reported boredom by three children in Interview 2 was consistent across Interview 2 and 3, however two of these children had increased percentages of on topic conversation by over double (25% and 41.19% in interview 2 to 85% and 85.12% in interview 3). The comfort measures across Interview 2 and 3 indicated the Interview 3 method was more comfortable for these two children. The third child had a percentage of 64.62% when engaged with the computer activity and 92.75% when engaged in the craft activity in interview 2 and 89.11% in Interview 3. Of the three children who engaged in the craft activity in Interview 2, two had higher percentages in the craft activity compared

to the PML activity. The third child had a higher percentage on topic when engaged in the computer activity (95% when the computer game was one she was familiar with and required little concentration) compared to the PML (84.16%). Her craft activity Interview 2 percentage was 74.42%.

A fourth child showed signs of boredom in Interview 3 but not in Interview 2 with her percentages on topic being marginally different in the two interview activities (62% in Interview 2 compared to 66.05% in interview 3).

Overall for all of the children the PML activity increased the percentage of time spent communicating about the interview topics compared to the free choice activities which children chose from a range of activities themselves.

8.4.1 Mean Length Utterances (MLU), Longest Utterances (LU) and Interview Durations

The MLUs as a potential additional measure for comfort were also compared across Interview 1, 2 and 3 (refer to Appendix 16 for the MLU/LU/Interview Duration Comparisons).

Four of the children's MLUs increased in Interview 3 compared to Interview 2 and eight children's MLU decreased. This would indicate if MLU reflected comfort that eight of the children were less comfortable in Interview 3 compared to Interview 2.

Three of the children (C3, C6 and C8) showed progressively increasing MLUs from Interview 1 to Interview 3. It would be reasonable to assess the children who showed progressive increases in both their MLU and LU from interview 1 to 3 (C3, C6 and C8) were *becoming* more comfortable (possibly with the interviewer and/or the interview methods) in expressing themselves more freely. It would be anticipated then their self-reported and observed comfort would reflect this. These children reported a fluid range of comfort (in response to the topics) over the span of the interviews (especially in Interview 3 where the questioning was more likely to threaten their felt security) but the observation of and their comfort reports were consistent with becoming more comfortable over the span of the interviews.

Two children (C4 and C9) had progressively decreasing MLUs from Interview 1 to Interview 3. This would suggest if MLU reflected comfort they were *becoming* less comfortable with

the process. This may be in response to the progressively increasing questioning about sensitive topics. C4's first interview was conducted with her caregiver seated at the table while in her other interviews the caregiver was present only in the background. In her first interview the caregiver prompted the child during the interview. The absence of the presence of the caregiver and the prompting may have had an effect on her MLU and also her comfort. The other child C9 experienced anxiety about the recorder in Interview 2 and was observed to be more uncomfortable in Interview 2 than Interview 3 in relation to the recorder. In Interview 3, however, he reported the questions were hard for him to answer. He was observed to be uncomfortable in Interview 3 especially with the format of questioning and avoided discussing his attachment relationships instead focusing solely on his friendships. These factors would substantiate the declining discomfort for these two children and support the notion of MLUs as measure of comfort.

Six of the eight children with decreased MLUs in Interview 3 compared to Interview 2 had increased MLUs in interview 2 compared to Interview 1. The decreased MLUs in Interview 3 may be indicative of decreased comfort with the interview method or reduced opportunities to engage in informal conversation flows.

Six of the children's LUs increased in Interview 3 compared to Interview 2 with five children's (CH1, CH3, CH4, CH6 and CH8) LUs increasing progressively from Interview 1 to Interview 3. This may indicate that children were more comfortable in freely expressing themselves, possibly by engaging in informal conversation, or the Interview 3 method promoted informal conversations. Three children's LUs (CH5, CH9 and CH10) decreased by less than 10 words, the remaining three children (CH2, CH7) decreased LU by over 20 words with one of these children (CH11) decreasing by 84 words.

The interview durations for Interview 3 when compared to Interview 2 were decreased for ten of the children. The range of the decreased duration times was 23.2 minutes to 59.05 minutes for six of the children and less than 10 minutes decreased time for three of the children and 15.85 minutes for one child. The increases in time duration for the remaining two children were minimal at 2.81 minutes and 0.82 minutes.

The PML interview in comparison to the FCA produced greater percentages of words on the interview topic, and took less time to conduct for the majority of the children. The MLUs if indicative of children's comfort experiences would suggest that for half of the children the

PML interview method was not as comfortable as the FCA interview method and for half of the children it was more comfortable.

8.5 Stage 3 Comfort Measures

Comfort Measures were conducted at the beginning and the end of the PML Interviews (3). Other comfort measures were conducted when the child appeared uncomfortable or when the child opted to use the comfort measure themselves (refer to Appendix 21 for the Comfort Measure outcomes).

Eight children reported they were a *big happy* and four children reported they were a *medium happy* at the beginning of the PML activity. Six children reported they were a *big happy* at the end of the PML activity. Three children reported they were a *medium okay* at the end of the PML activity. Two children reported they were a *medium sad* at the end of the PML activity. One of these children was sad about the interviewer leaving opposed to the PML activity. One child reported being (a medium) angry at the end of the PML activity.

One child began the PML activity reporting they were (a medium) happy and finished with (a big) happy and three children began the PML activity reporting they were (a medium) happy and ended the activity reporting they were (a medium) happy representing no change because of the activity. There were three children that begun the activity with (a big) happy and finished with either (a medium) sad or angry. One of the children that reported (a medium) sad identified this was directly in relation to the PML activity and did not finish the activity, instead diverting to parallel play activities. The child who reported (a medium) angry used the STOP card. After a long break of talking just about the activity he wanted to go back to the activity and decorate some more of the people he still however did not want to engage in any talking related to the activity.

The primary emotions reported by the majority of the children whilst talking about interview topics related to their felt security were; anger, sadness, missing (people), worry and confusion. All children at some time during the interview process reported at least one of these emotions, for the majority it was most of these emotions.

The second part of the PML activity was intended to explore the children's perceptions of how their attachment figures, such as caregivers and birth parents, felt about them. This was with the aim of determining the extent to which children may perceive rejection as this would

activate felt insecurity. Instead of this, however, the second part of the PML activity highlighted the ambiguity some of the children experienced when they considered how their attachment figures felt about them. For the majority of the children who reported feeling confused during the activity, it was in relation to how others felt about them. Confusion was anticipated for some of the younger children it required more abstract thinking but the ambiguity was not restricted to the younger children only. One of the child participants appeared distressed during the PML activity as she reported experiencing a lot of confusion about how her birth family might view her and finished the activity very tired of answering the questions.

The fluidity of emotions throughout the interview activity was consistent across interviews. It was difficult, however, to ascertain the differences between the emotions primed by the talking about the event or person to whom this feeling was attached or the act of discussing the event or person. It is reasonable to assume, based on the ways in which the children diverted from topics they did not want to discuss, if the child was willing to share the information then they were comfortable in doing so. This would emphasise the importance of what was not said and hence the importance of the strategies used by the child participants of diverting and not replying. This was evident with CH9 as he presented differently in comparison to the other participants by choosing to focus on peer relationships opposed to relationships with his birth parents and caregivers. He began the activity reporting he was a *medium sad* as two of his close friends had moved away, which may have pre-empted his sole focus on his peer relationships. He then finished on a *medium happy*; this may have been that he was relieved the questions were over as he reporting some of the questions were too hard.

When children were observed to be experiencing intense emotions sensitivity of the questioning was reduced and parallel activities were made available. All the children reported being at least a *medium happy* by the time the interviewer left.

Overall nine children reported a *big happy* at the end of Interview 1, seven children reported (a *big happy* at the end of Interview 2 (FCA) and six children reported a *big happy* at the end of Interview 3 (PML). No children reported a *medium happy* in Interview 1; two children reported a *medium happy* at the end of Interview 2 and three children reported a *medium happy* at the end of Interview 3. Three of the six children (CH1, CH2, CH3, CH5, CH7 and

CH8) that did not report *big or medium happy* did so in two of the three interviews (CH1, 2 and 8). Two (CH5 and CH7) of the children reported they were relieved when the questioning ceased. The other children's reporting appeared related to the interviewer-participant relationship.

8.5.1 Comfort and MLU Patterns

Five of the children's MLUs reflected their reported comfort measures CH3, CH5, CH7, CH8 and CH9). The beginning MLUs of four children (CH1, CH2, CH10 and CH12) did not reflect their comfort report yet their final MLUs reflected their comfort report. Three of these children had low MLUs across interviews. One of these three (CH2) reported a disruption in the interviewer-participant relationship which would account for inauthentic reporting to begin the activity. This was evident during the interview as well. This may have meant he reported being *happy* when he wasn't. Interviewer observations indicated discomfort at the beginning stages of the interview with the child engaging in baby-like talk (which would reduce his MLUs). This was consistent with the notion that the lower beginning MLU reflected his comfort experience. One child (CH6) reported on the comfort measure a *big happy* both at the beginning and the end of the activity. Her MLU dropped down at the end and if MLUs reflect comfort would suggest her reported comfort would also reduce. This participant's MLU was the highest of all the children at 10.23 with a midway MLU of 12.3 and her final MLU was 6.7, which is still well above the average MLU (5.74). This similar pattern occurred for a second child (CH11). The final participant had a high MLU at the start, when she reported being *a medium happy*, and this MLU dropped progressively over the interview period. Her lowest MLU at the end of the interview was when she reported being *a big happy* on the comfort measure. This may suggest some children over-talk when uncomfortable.

A comparison of the total MLUs across Interviews 1, 2 and 3 show the average sample MLU at 5.59 for Interview 1, 6.87 for Interview 2 and 5.74 for Interview 3. This indicates the average number of words per utterance across the sample group for Interview 2 the FCA method was the highest suggesting the children talked more in Interview 2. The percentage that was on topic was much higher in Interview 3 than Interview 2 which means they did not necessarily talk more about the interview topics in Interview 3. If MLU is representative of comfort, however, it would mean the participants were as a group marginally more

comfortable in Interview 2 (FCA) than Interview 3 (PML). This accurately reflects the comfort reports.

It is important to note that at times the interviewer dominated the interview conversation. This may have been for the purpose of explaining the activity more for some children or for more complex interview tasks, such as the PML activity. This would be likely to confound the comparisons of the MLUs and comfort reports at times by reducing the MLU counts. Whilst these results offer potential in establishing MLUs as a measure of children's comfort the use of a more rigorous method of investigation than that which was used in the present study is required.

8.6 PML Board Placements

8.6.1 Where Children Placed Others

The children were asked to place the people in their lives onto the People in My Life Board. They were then asked to place them on the board where they thought these people would place them. The choices were *really love*, *love*, *like*, *don't like*, *really unhappy with* (see Appendix 22 for copies of the results tables).

Two children stopped this activity because of reasons associated with discomfort. This resulted in missing results for these two children.

Five children placed themselves in *really love*. One of these children moved himself between *really love* and *don't like*. One child moved her placement of herself between *love* and *don't like*.

Nine children placed their caregivers in *really love*. One of these children placed the caregivers on the board only because the interviewer prompted him. This same child moved his caregivers between *really love* and *love*. Three other children placed their caregivers in *love*. One of these children placed only one caregiver in *love* and placed the other caregiver in *don't like* because this caregiver often got her into trouble with the other caregiver. It was difficult at times to differentiate between the fathers as four of the children considered their caregivers as their dads. This resulted in the need for a higher degree of sensitivity than in the other interviews when labelling the people in their lives.

Five children placed their birth mother (BM) in *really love*. One of these children moved the BM between *really love* and *really unhappy with*. Three children placed their BM in *love*.

One child placed their BM in *like* with another child placing their BM in *don't like*. An additional child placed the BM in *really unhappy with*.

Three children placed their birth father (BF) in *really love*. Four children placed their BF in *love*. One child placed her BF in *like*. One child placed his BF in *really unhappy with*. One child placed her BF off the board. This child chose big sized people to represent her birth parents (BPs) in comparison to small people for her caregivers and reported this was because her feelings were extra big about her BPs. These placements were complicated for three children as two were not sure who their BF was and one had a BF and a father which she was raised by until she went into foster care, at approximately 5 years of age.

When most of the children placed their siblings, they tended to place all their siblings in the same category. A few of the children were more discriminate, placing siblings into individual categories for that particular sibling. The following reports all their placing's by category. Four children placed siblings in *really love*. Three children placed their siblings in *like*, two of these children moved their siblings between *like* and *dislike*. Two additional children placed their siblings in *dislike*. All but one of the children reported placing siblings in *dislike* because they are annoying. The other child reported it was because they lived with her BF. For three children these placements were often interrupted by them checking with their caregiver as they had a number of siblings some who they had not ever met.

Two children placed their best friends in *really love*. One of these children put other friends in *like*. One child placed her best friend in *love*. The other children did not place their friends on the board. One child was more focused on the placement of friends than family on the board. He placed six friends and three family members (his brother, BM & BF). He only placed family members when prompted by the interviewer. This was possibly because he reported he was very upset by two of his best friends moving away from the school and community within two days of the interview.

Four children placed other family in *really love*. For two of the children this was aunts and uncles. For one child it was her BF's wife and an "aunty" (family friend and her children). One of these children moved between *really love* and *like* in relation to her live-in cousins. Two children placed other grandparents in *love*. One child placed her step siblings in *like* and moved her live-in cousin between *like* and *don't like*. Five children placed pets in *really love*.

One child placed two people that were deceased and two pets that were deceased in *really love*.

Four children were undecided about placements at times which resulted in moving people from one category to another at times during the interview. This could suggest for these children there was some ambiguity about their feelings within their relationships. This ambiguity centred on their feelings about themselves, caregivers, birth mothers and siblings.

8.6.2 Where Children Thought Others Would Place Them

The second part of the activity included the children placing people where they thought these people would place themselves.

Six children thought their caregivers would place them in *really love*. Three children thought their caregivers would place them in *love* and one thought they would place them in *like*. Two children did not complete this part of the activity.

Six children thought their BMs would place them in *really love*. One of these children moved the BM placement between *really love* and *really unhappy with*, indicating ambiguity about the BMs feelings about her. Three children thought their BM would place them in *love*. Two children did not know and one child refused to place the BM anywhere on the board.

Seven children thought their BF would place them in *really love*. Two children thought their BF would place them in *love* and one child thought *don't like*. Two children did not complete this as they were unsure of who their BFs were and thought of their grandfather as their father. Both children, however, had a name of a person who may possibly be their BF yet were too uncomfortable to discuss this person. One of these children spoke about the potential BF earlier on in the interview and dismissed him as her father. The second child had stopped the activity when being asked to place his BM.

Seven children thought siblings would place them in *really love*. One of these children thought some of her other siblings would place her in *love* and the siblings that lived with her BF would place her in *really unhappy with*. Another one of these children placed her live-in cousins in *don't like*. A third child thought his older sister would place him in *really love* but his live-in brother would place him in *don't like*. One child thought his live-in siblings would place him in *don't like*. A second child thought her sibling who lived with her other

grandparents would place them in really unhappy with. Three children did not respond to this question, one did not have siblings and the other two had stopped the activity.

Only three children made placements for where they thought their friends would place them on the board. One did not know where her friend would place her, but because her friend was in the other room she asked her and she said *love*. Two children thought their friends would place them on *like*. One child who in previous interviews talked about her best friend a lot did not place her on either of the boards. It is suspected that the children became absorbed by the family placements that they forgot about their friendships. All of the three children that placed friends in this part of the activity had the friends in the house at the time of the PML interview.

Four children identified extended family as placing them in *really love*. This extended family included other grandparents, aunts and uncles and cousins (both biological and non-biological). Two thought family would place them in *love*. For one of these children this was in relation to his caregiver's boyfriend. Two children thought their live-in cousin would place them in *don't like*. One child did not know where her maternal grandfather would place her.

Only three children reported where they thought pets would place them and all of them thought their pets would place them in *really love*. The connection these children reported with their pets appeared important and unambiguous for them.

The three children (CH1, 8 and 9) plus the child (CH2) who did not complete the activity became very uncomfortable when they realised they did not know how someone felt about them or how they felt about someone. This raised concerns about questioning children that have felt insecurity about their relationships. This felt insecurity was seen to raise issues of perceived and real rejection. One sibling set found out from the caregiver in the middle of the interview that they had more siblings they did not know about. At this time one of the children became flushed and appeared to detach for a short time indicating felt insecurity and hence discomfort. The two children who were unsure of the identity of the birth father had negative emotional reactions to discussing birth parent placements. Both had discussed their birth father in previous interviews without any significant reaction. One child became tearful when discussing her BM yet indicated she wished to complete the activity. She later identified it was helpful for her to have completed the activity because "it felt really good

talking to someone rather than leaving it in my head” and “I just keep talking because I really liked that activity, I really like all the activities”.

8.7 Stage 3 Summary

- The length of the time between interviews was perceived as longer by the children who had experienced a number of life events that had threatened their felt security during that time.
- No two interview contacts with a child can be presumed to be approached in the same manner because of the complicating effects of life events which occur between the interview visits.
- All the children were found to use communication strategies to maintain their experience of comfort. These strategies only became clearer by engaging children in a number of interviews. Children were able to competently engage in coping strategies to maintain their experience of comfort.
- Some children became fatigued because of reported boredom, answering highly sensitive questions that had the potential to threaten their felt security, difficulties in understanding either the activity or the question or not knowing the answer.
- A pre-visit before the interview session appeared to contribute to the reduction of resistance and eliminate the power struggle over the interview agenda with one child.
- For those children susceptible to befriending the interviewer, they did so consistently across the interviews regardless of the strategies to address this.
- Some children adopted baby-like behaviours such as baby talk, imaginative talk, silliness and refusing to talk or answer. At these times the children provided some conflicting information making it difficult for the interviewer to follow their line of thinking and determine authentic reporting. The most obvious times for this were when the children were observed to be experiencing discomfort.
- The majority of children at some time across the three interviews expressed sensitivity to not knowing who the information they were providing would be shared with.
- The complexity of the social interaction between the interviewer and the children, especially if the child was experiencing discomfort, required a high level of interviewer skill to manage the children’s comfort and maintain authenticity of data.
- The complexity of the caregiver-child interaction was evident during interviews with caregiver influence sometimes helpful and other times unhelpful. The caregivers’ prompts were sometimes beneficial to the child’s expression of themselves yet

caregiver presence sometimes increased their child's desire to please their caregiver threatening authenticity. Caregiver presence complicated the issue of children's confidentiality.

- Interviewing of sibling sets in one home created complications to authenticity because of shared information between interviews and competitiveness amongst siblings.
- The ways in which all the children engaged in parallel activities across the interviews reinforces the notion that children use parallel activities to alleviate discomfort. They did this by using the parallel activity to divert from and avoid the threatening topic or on some occasions to take a temporary break from the topic.
- The characteristics of the children in the present study which were found to have some effect on their comfort experience were: language limitations, age, attachment misrepresentations, mental health factors, birth parent contact, propensity to become bored or nervous and perceived placement security.

The following chapter is the final results chapter. It presents the outcomes that arose from the member checking, evaluation and the debriefing session with the children and their families and the post interview measure. It also includes the reports from children across all the stages as they relate to felt security and insecurity.

CHAPTER NINE:

FELT SECURITY AND SUPPLEMENTARY DATA

This chapter presents the results from the children's reports of felt security and insecurity which were collated from across all of the children's interviews. The descriptive content of additional data which was collected in the final contact with the children is also presented. The purpose of this supplementary data was to expand, clarify and check any previous interpretations made based on the data from Stages 1, 2 and 3.

9.1 Felt Security Topics

Tarren-Sweeney (2010b) proposes that children's felt security has both "trait and state-like" components (see section 2.1 for the full definition), and that this distinction has particular relevance for children in care. Central to the trait component of felt security is attachment security and how the IWMs influence the self-construct, while state-like felt security varies in accordance with children's exposure to present life stressors and threats to their well-being and relationship security. Over time these two components interact dynamically and developmentally to shape the totality of children's felt security. This has particular relevance for the development and well-being of children in care, because (i) they typically encounter developmentally abnormal threats to their felt security whilst in care, and (ii) these experiences are compounded by their maladaptive attachment representations.

The children's reports demonstrate when their felt security or felt insecurity is activated; and the positive and negative emotions which accompany this. The positive reports which were indicative of felt security were typically about their caregivers, family membership; and sense of belonging and being loved. How they interacted with their caregivers during the span of the interviews also reflected the children's felt security in regards to their caregivers. The majority of the children initiated sharing interview activities with their caregivers; however some children often appeared to need to 'check in' with their caregivers to maintain their comfort (and therefore possibly their felt security).

The following topics were reported by the children when prompted by the interviewer's questions. The questions and topics were selected from current literature. They are those which are identified as being representative of the felt security of children in care. The

children's responses to the questioning within this present study show the effects of their pre-care and in-care experiences on their felt security.

9.1.1 Caregiver Security

The children spoke of their love for their caregivers, how caregivers provided them with help, better opportunities and some felt they met their needs better than birth parents.

CH8: Mm probably that I speak to cheerful people, cheerful people.

I: Yep, you've got lots of cheerful people around you?

CH8: Mm, like my nanny and grandpa.

I: Yep.

I: You like talking to him (grand (dad)) what makes him so good to talk to?

CH2: Cos I love him (*long silence*).

I: Right what are the best things about being me?

CH11: Um I have lots of different opportunities, cos if I was at my mum and dad's I wouldn't be able to do lots of the things I do here, and when... and I live with my Nana.

I: You like that? Big smile when you say that yeah.

CH11: And I live in a big house.

I: Yeah you like a big house.

CH11: And eat yummy food cos Nana makes me yummy food, and have a dog, he's my favourite doggy.

I: Yeah

CH11: And I have a lovely smile, cos my teachers always tell me.

I: What else makes you feel safe?

CH9: Umm ... being with nanny and papa, because um ... I'm not sure what they ... oh yeah, because they look after me and (*brother*). Otherwise, we wouldn't be alive because we wouldn't have food ...

I: Yeah?

CH9: And, um ... water. We wouldn't be alive.

One child (under-going custody hearings at the time of the interview) consistently indicated her desire to remain living with her Nana. This may have been because she was afraid of being removed from her placement with her Nana. Therefore it may have been a demonstration of felt insecurity about the permanence of her placement as well as felt security within her relationship with her caregiver.

I: What's a happy, what would make you happy?

CH6: Living with Nana.

I: Living with Nana?

CH6: Yeah (*sings to herself*).

I: What are the good things about being you?

CH6: Living with Nana.

I: Living with nana what are the other best things about being you?

CH6: Huh?

I: Anything else best things about being you?

CH6: Mm no, living with Nana

I: What were you thinking about then?

CH6: I don't know what to write and Nana helps me.

I: What do you think grownups should know about you? Do you think grownups should know?

CH6: Mmm, what do they think I, or should I be. I love living with Nana.

Most of the children felt they were in the best place, living with their grandparents.

I: So how do you feel about the fact that you live with here with your mum and dad (grandmother and grandfather) but not living with your birth mum?

CH3: Um I feel quite happy cos if I was living with my birth mum I wouldn't be at school learning and that.

I: How does that make you feel living with your mum and dad and not your tummy mummy?

CH2: Well tummy mummy smokes so we don't like living with her but we like living with... ah she's our Nana and dads our grandpa, we call them mum and dad.

9.1.2 Family Membership and Belonging

The majority of the children could identify their families and expressed being part of their families. Some of the children had complex and large families. Some experienced ambiguity about who were brothers and sisters and how other family members were related however the majority of the children were confident about being part of their family.

I: So you love them. Why do you love your granddad and your cousins?

CH7: Because I just do cause I'm part of my family.

One child actively reported that adoption contributed to feelings of love.

I: Same. Why do you really love Mum (*grandmother*)?

CH3: Because she's the one that adopted me and took me in

There were a few children who reported times when their sense of belonging was disrupted. One child identified it was really hard when her cousins came to live in the care of her caregiver recently. This appeared to affect her relationship with her caregiver (and potentially her sense of belonging) and she developed feelings of anxiety when separated from her. This was consistently demonstrated during interviews where she felt compelled to share everything with her caregiver and needed to have her in her line of sight.

CH5: Mhmm I thought cousins were really hard to have because mum always liked me and C* staying with her.

I: Yeah.

CH5: That's my other sister.

9.1.3 Perceived Love from Pets

All the children who had pets reported their pets loved them, expressing confidence in their pets love for them. This was in contrast to their perceptions about their families love for them. The following child's reports indicate she was unsure of her families love and whether they really wanted her.

I: So all up, what's it like being part of all this family?

CH: Um, okay.

I: Okay?

CH: Yeah.

I: What would make it better than okay?

CH: If they loved me more.

I: Whose they, all those people on the board?

CH: Yeah. Yeah, except the animals because they already love me.

9.1.4 Feelings of Safety

The majority of the children identified people they know as helping them to feel safe. This is likely to be true for children in general, however indicates children in care of their grandparents still have times when they feel safe.

I: Right another question? What makes you feel safe?

CH8: Being with my grandparents and people that I know

I: Yeah so mainly people make you feel safe

CH8: Mm people that I know but not people that I don't know

I: So what makes you feel safe then?

CH10: Uh, um.

I: Mr Puppet?

CH10: Being with people.

I: Being with people makes you safe? Feel safe?

CH10: Yep.

I: Any particular people?

CH10: Uh, not really.

I: Not really? So people adults or people children?

CH10: People anyone.

I: People anyone.

I: So you like talking to any grown up?

CH12: Mm hmm, if I know them.

I: If you know them.

CH12: Or if it's like the police or something. I'm safe.

9.2 Felt Insecurity

The findings of the present study show that the children experienced felt insecurity across all the components of felt security (trait and state, including the emotional components) as described in the Tarren-Sweeney (2010b) definition (see section 2.1).

The children's reports about their attachment relationships appeared to be influenced by maladaptive IWMs; and emphasised their fears of and perceptions of rejection. The findings also demonstrated the consistently difficult emotions the children reported across the span of the interviews. The intensity of these emotions was evident by the repetitive way in which they were reported across the three interviews.

In short, children's reports of felt insecurity included expressions of: perceived and fear of rejection in relation to caregivers, peers and birth parents; their perceived difference from others; and ambiguity about their relationships. The emotional components related to felt (in) security were likely to be their response to their real circumstances such as loss and separation from their birth parents.

9.2.1 Perceived Rejection

Caregivers: All the children that spoke about their caregiver's getting angry with them interpreted this anger as the caregiver not liking them. One child related thoughts about her caregiver's anger and the way they felt about her consistently through-out the PML interview.

I: And Nana?

CH: Love.

I: Love? Why is it not really love?

CH: Because she might not really love me.

I: So you're not sure?

CH: No.

I: Okay.

I: And what about Papa?

CH: Um, love.

I: Love?

CH: Same reason.

I: Yeah. So they don't really say it?

CH: No. They say they love me but they're always fighting with me. So sometimes I get the impression they don't like me.

Siblings: For one child she perceived her sibling, who was living with the other set of grandparents, hated her.

CH8: I think she would put me on the like and don't like. Like and don't like.

I: Like and don't like; so she thinks you don't like her or sometimes like her.

CH8: Probably; I think she hates me.

Peers: The majority of the children reported at some time across the interviews that they perceived they were disliked by their school peers.

I: Step one what. What do you have to do on step one?

CH6: You just sit there and watch other people play.

I: Oh, you're not allowed to play with anyone.

CH6: You're not allowed to play with anyone, you just sit there. Well, that's how I feel every day, because no-one plays me.

Later

I: Do you worrying about people not liking you?

CH6: Yeah.

I: Who do you worry that doesn't like you?

CH6: Everyone kind of doesn't like me.

9.2.2 Fear of Rejection

Children's reports revealed a fear of rejection from others, including their caregivers and birth parents; as well as the interviewer. For the majority of the children some of their fear of rejection appeared to be driven by felt insecurity about their competence to perform; and how their perceived inadequate performance may affect their relationships.

Competence and Performance: Some children worried about their caregivers becoming angry with them and/or not liking them. It is difficult to determine how much this is intensified by being in care and worrying the caregiver does not want them anymore. It appeared the children often experienced fear of the consequences for what they did or said; especially as to how it would affect their relationships with their birth parents and caregivers. This was

reinforced by children specifically asking to not be identified at times for fear of upsetting someone (and possibly their fear of rejection and/or displacement).

CH9: I ummm... I ummm... when I ask I get butterflies in my tummy over about but if she says no I just do something else.

I: Do something else?

CH9: Cos I don't know why it happens when I ask to go on the computer or the play station.

I: So when you get when you ask to go on the play station or computer you get butterflies in your tummy?

CH9: Yep cos I don't know what the answer is.

I: Ohh so you don't know what grans gonna say? So you get nervous.

I: So when you're doing things, like new things, do you need anyone to show you when you're doing something new?

CH9: Sometimes. Otherwise I will get it wrong and I might get in trouble.

I: So how do you feel if you have to do something new by yourself?

CH9: Um ... umm ... just a little nervous.

I: Just ... nervous?

I: Why do you worry about her not liking you and not your granddad?

CH: Wipe that off, you can't rub it off.

I: So why do you worry about your grandmother not liking you?

CH: Because she gets angry.

I: So she gets angry with you. So when people get angry with you, is that all people or just your grandmother.

CH: Just my grandmother.

Fear of rejection for some of the children extended to their peers and making friends. For one child her fear of meeting people extended to all aspects of her life including her ability to make friends. Over the span of the interviews this challenge led to a sense of hopelessness and final disengagement from the process of making friends.

I: You sort of like talking but not all the time.

CH11: Yeah sometimes I get really, really shy.

I: Yep so do you feel alright talking to me now?

CH11: Yep especially when I'm at places when I don't know many people.

I: Yeah?

CH11: I kind of get a little bit close and I don't talk, I just sit there or stand there.

I: So what's going through your head then?

CH11: Scared, because I don't know anyone.

I: Yep so which worry would it be (*child points*) there big one? Yep.

CH11: It just yeah...

I: So it's quite hard when you meet new people.

CH11: Yeah that's why I'm not very good at making friends; cos when I first went to this school I didn't have any friends (*sad voice*).

In a later interview

CH11: Um, not very well, but I'm just focusing on school instead of friends because most of the, um, kids in my class are like... Oh, they say they are all popular and stuff and I don't really like them.

Peers: Some of the children's reports identify how their challenges at school were related to their fears of being rejected.

I: How you feeling about school starting?

CH11: Worried.

I: Yeah.

CH11: Cos it's a new school.

I: What size worry?

CH11: The middle.

I: Middle one yeah?

CH11: Cos I'm hoping that some of my friends have the same class as me, cos some of them might not be in the same class as me.

I: So what are you gonna do if they're not in the same class?

CH11: Be quiet... and wait for people to be friends with me?

I: Yep.

CH11: Cos I'm scared of making friends.

I: Are you? What are you scared of making friends for?

CH11: That once I've made them they'll just ditch me for someone else.

9.2.3 Difference

Some of the children's reports indicated an awareness of their difference from others. This sense of difference can be associated to feelings of shame creating a sense of disconnection from others; which can then undermine felt security. Some children identified not wanting others to know that they were living with their grandparents and not their birth parents. They cited the reasons as being it was too hard to explain or others didn't believe them. This contributed to feelings of difference from their peers; and a few children spoke of feelings of being alone.

I: Right and your question is not to ask where is your dad (*caregiver*).

CH5: Mm hm (*yes*).

I: And why shouldn't they ask that?

CH5: Because that's a sad story.

I: So some people you would tell that to? But some people you wouldn't tell that to

CH5: Yeah.

I: So what sorts of people would you tell that to?

CH5: My, not my friends, my family.

I: Yep, so people that you know quite well.

CH: Mm like some kids knew and Uncle P* knew and my cousin L*.

CH5: (*I wish*) that I could have my dad back.

I: What are some of the not so good things about being me?

CH11: Um not seeing my mum and dad a lot, and sometimes being teased about not living with my parents and the earthquakes.

I: Ok so can you think of anything at school that might be a medium worry?

CH11: Yeah, yeah that people will tease me because I don't live with my parents.

I: Questions not to ask... don't want to be asked why I live with my nanny and poppa (*reading child's journal*)

CH9: That's was lots of people say that at school.

I: What do you say to them?

CH9: I just say, I just not used to that question and I don't ask, answer them

I: So do you just ignore them?

CH9: No I say I don't like that question, cos lots of people ask me that.

I: How does it make you feel?

CH9: Odd one out.

I: Odd one out.

I: What do you worry about when you have to do something on your own?

CH6: I just feel like I don't like being on my own. I'm scared a lot on my own.

I: So what sorts of things do you worry about yourself?

CH5: Uh like, if you feel lonely you can just read a book, with the toy.

One child spoke about when she tells others at school that her sister (who lives with the maternal grandparents) is coming over they beat her up because they think she is lying about having a sister.

I: So do you get sick a lot when she (*sister*) comes over? Why do you think that happens?

CH8: I don't know why, but I know that she beats me, that people beat me up and I don't really realise.

I: Ok, so does S (*sister*) beat you up?

CH8: No people at school do.

I: But you get sick when S comes over? How come when S comes over?

CH8: I don't know, it's just whenever I tell people my sisters coming over and at lunchtime they actually beat me up because they don't believe me cos they don't wanna do it whenever the teachers round and they just beat me up.

The majority of the children identified they were different because they spent a lot of time missing their birth parent/s.

I: Do you feel different from friends, or how do feel when you see people, kids that are with their mums and dads and stuff like that?

CH6: Yeah, I feel a little bit sad.

I: Yeah.

CH6: Because I miss my mum.

I: Yeah.

A few children reported feeling different with one child linking the fact that she was teased to her sense of being different.

I: Do you think that children, other children, if I go out and talk to other kids that live with their Nana mums, do you think that they would like to do this or?

CH5: No they won't?

I: no? Why won't they like it?

CH5: Because people make fun of them and tease them.

I: How do you think it's, um, like your friends at school, what do they say about it? Do they ever talk about it?

CH10: Mm, I haven't told them.

I: Don't they know? Who knows?

CH10: Just my Nana and poppa and...

I: Yep.

CH10: And my cousins.

Self-Perceptions: The children's images of themselves became apparent at times during the interviews. For the majority of the children they reflected negative IWMs at some time over the span of the interviews. These appeared to be consistent across the home and school settings. It is likely these negative views of themselves contribute to their fears of and perceived rejection from others; and their sense of difference and disconnection from others.

I: My three wishes! Don't be naughty in the car; don't be naughty in the shops, and to be good (*reading journal*). Sounds like you think you're naughty a lot. Do ya? (*Child nods yes*) yep? What would you like to do in the car instead?

CH10: Umm, play with something so I don't be naughty.

I: Yeah, so do you think those wishes will come true one day?

CH10: Mm no.

CH11: Um, I feel scared because I don't like going to the dentist, it makes me feel upset and I feel mad because I think that it's all my fault that my teeth are really bad, and I feel scared because I'm scared of the needle.

I: What are some of the not so good things about being me (*reading journal question*)?

CH5: Sad, mad and bad.

The children quoted above also reported being disliked by family members and peers; experienced difficulty in making friends; and expressed fear of rejection.

9.2.4 Ambiguity about Relationships

Mixed Emotions: Some of the children reported confusion and ambiguity in relation to their feelings about where they were living and about their relationships. Some children expressed confusion about who they wanted to live with. A couple of children identified a solution to this was to all living together in one house.

I: And you said you'd like to live with your dad, how would it be different if you lived with your dad than here?

CH10: I want to live with my dad here.

I: You want to live with your dad here?

CH10: Yeah.

I: So, you feel like you want to see him more?

CH10: Yep.

I: Yeah. So is there anything you'd change about living here other than having your dad here, would you have your mom living here as well, or just your dad?

C: All these ones (*points to all his family*).

Some children identified their feelings about not being able to control the amount of contact they had with siblings which led to ambiguity about when they might see them again.

CH5: Yeah I haven't well, my other dad my step dad that's not the dad who's in heaven now but my other dad he's called my brother and sister and he said to my old case

worker S* he has to she has to pay the petrol she has to give him money to um to have the money to give him food to buy them a ...

I: Yeah.

CH5: And she said no then she said, and then he said I'm not bringing them out so I haven't seen then in ages.

I: How does that make you feel?

CH5: Upset. I ring my brother up for his birthday and my mum was there.

Some children expressed their anger at their birth parents. This appeared to create ambiguity about how these parents felt about them and confusion for them when they were deciding where to place their birth parents on the PML board to indicate how they felt about them.

CH1: Plus my tummy mummy does drugs, that's why we left and came down here

I: Oh ok, so what's that mean to you, that she does drugs, what, how do you feel about that?

CH1: Really mad.

CH5: Um I'm angry I don't wanna see G* in my life. Dad said he doesn't wanna see me in his life.

I: Really unhappy with?

CH12: Yeah.

I: Yeah?

CH12: Because I don't get to see him (*birth father*).

I: So is it a big one or a little one or a medium one?

CH8: Huge one.

I: Huge one even bigger than that.

CH8: It's about—it's as big as this room probably.

I: Yeah, big as this room. So when you get so angry does it affect your life in any way; what you do and how you treat people or anything? Does it affect you in anyway?

CH8: Well it makes me quite anxious and stuff.

Some children were unsure of how their birth parents felt about them.

I: You think they like you?

CH6: They love me.

I: They love you?

CH6: Yep.

I: Yep. How do you know that?

CH6: I don't know.

I: Don't know.

CH6: I just guess.

I: Where would (*birth mother*) put you?

CH3: I wouldn't have a clue.

I: Wouldn't you? Can't guess at all?

CH3: No.

Some of the children had mixed emotions about their birth parents.

I: Yep. So you don't get to see him much, how do you feel about that?

CH1: Sad.

I: Sad?

CH1: And angry.

I: Oh, big sad, medium sad, little sad? Big angry, little angry?

CH1: A bit angry.

I: A bit angry, so a mixture of angry and sad?

CH1: Mhmm (*yes*).

I: What is he on?

CH1: Love.

I: Love as well. Why is he on love?

CH1: Cause I love him too.

I: Can you give a reason why you put Daddy on like and not really love or really unhappy with?

CH6: Because I like him, but I don't love him. Wait I kind of do so...

I: Don't like?

CH: I don't like my Mummy because she went back to C*(*hometown*).

I: You don't like her because she went back to C*.

CH: Well I only want to move this because I really love her, but sometimes I don't like her when she moved back to C*.

I: Well that's all right, what I'll do is I'll put her here, you can put her on the outside here and that means that she moves around the board sometimes, so you don't like her because she moved back to C*, but sometimes you really love her. Why do you really love her?

CH: Because she was a nice Mum.

One child was fearful about talking about his birth father and how this might affect his relationship with him. This may have affected his interview performance as this child had a fear of being recorded and continually checked through-out the interviews for who would hear the information. The fear may have been because of ambiguity about the consequences of his sharing on his relationship with his birth father.

I: How would it, which worry one would it make you feel if we talked about your mum and your dad?

CH: Well I don't wanna talk about my dad has done something bad, but he's past it now.

I: Yeah so you don't wanna talk about the bad things but you're alright to talk about visiting your dad and wanting to see him is that ok?

CH: Yeah.

I: So what sort of worry would it be?

CH: Um if we talk about the bad things it will be a big worry.

I: Yeah.

CH: Because it's his thing and he doesn't want anyone, mean he doesn't want us to tell anyone about it.

I: Yep ok.

CH: But his, our mum knows.

One child spoke of her feelings about not knowing when she would see her birth mother.

I: So do you know when you're going to see her again?

CH8: Mmm (*shakes head no*).

I: And you said you don't know when you're seeing your mum again?

CH8: Mhmm (*yes*).

I: How does it feel about not knowing?

CH8: Not knowing um, not knowing when my mum comes? Um probably about a bit unhappy that I don't even know things what she looks like about...

I: Mm so you don't know what she looks like or what she's gonna look like.

CH8: No I don't like whenever she's gonna come over next I feel nervous about that?

I: You feel nervous about it?

CH8: Because it might be like whenever I'm about 15 or something.

I: Yeah so it might be a long time or it might be a short time you just don't know so it makes you nervous? Mmhm, so that really that sounds really hard to deal with, how do you deal with something like that? What do you do to make yourself not feel nervous or do you just feel nervous all the time?

CH8: Mostly I just feel a bit happy one time then angry another like just goes on and on and on like.

Most of the children had a general understanding of why they were living with their caregivers however there were a few that did not. The majority of the caregivers reported they were often unsure of how much to tell their children about why they were living with them as they didn't want it to affect them negatively.

9.3 Emotional Components of Felt Security

School and Peer Relationships: School for the majority of the children was reported to be particularly hard. This included fears of the consequences of getting into trouble and how this would affect their relationships with teachers and caregivers; and peers not liking them or having trouble making and keeping friends.

Most of the children reported being bullied or teased because of their circumstances during the span of the interviews which incited fear, worry and sadness. The majority of the children identified greater discomfort when talking about their school relationships (big on the

comfort measure in comparison to middle) when compared to talking about missing their parents. One child suggested this is because the missing never goes away so she just has to get used to it.

The discussions about children's school relationships highlighted their feelings of fear of rejection, perceived rejection and difference. The majority of the children reported anger was a problem for them at school and at home; and this anger was often related to their circumstances. It is possible because of the constancy of the emotional components of felt insecurity (like anger, fear, worry, sadness and abandonment) in the lives of children in care, daily functioning and relationship building is difficult.

9.3.1 Constant Worry

Caregivers: Predominant worries that were raised by children were their worry about their caregivers dying and, to a lesser extent, their caregivers being angry with them. Children identified feeling safe with their caregivers yet worried about losing their caregivers.

I: Cry... what are some of the things that you might worry about?

CH2: My dad will die...

(Long silence)

I: You worried he might die? Do you worry about...?

CH2: (Interrupts) he might die once, or he might die soon.

I: You think he might die soon?

CH2: No! Mum will.

I: Okay what would be a big one do you have any big worries at the moment.

CH11: Um that I'll lose my grandparents, I don't have anyone to live with.

I: Right so you're not worried about what you're going to be doing when your older you know you're going to be building what about family?

CH3: Mm yeah I'm going to worry about the family.

I: You're going to worry about family, what are you going to worry about them?

CH3: Making sure mum doesn't die.

I: Yep... so do you spend much time worrying about that, about your mum? Is that this mum here isn't it? So do you spend much time worrying about that?

CH3: Hmhm (*yes*).

This child was currently on a stand down from school for noncompliance. Her Nana had hurt her leg and the child wanted to be at home to help her. This demonstrates how children's worry for their caregiver's can interfere with their daily functioning within other settings such as school.

I: Any other things you worry about yourself?

CH5: No.

I: Just when you're lonely (*on journal*).

CH5: I also worry about mum's (*caregiver*) leg.

I: Oh mums legs, mums worry. So you worry about mum's leg.

I: When I get worried I want to play with mum (*reading journal*).

CH5: Mm hm (*yes*).

I: And I want to go to my room for a while and I want to play a game on my own with mum (*reading journal*). So you like to be around mum when you get worried?

CH5: Yes I just get mad sometimes.

I: So you like to be around mum, why do you think you like to be around mum?

CH5: To look after her.

I: Does your mum need to be looked after?

CH5: Yes.

I: Why does she need to be looked after?

CH5: Cos her knee is sore

I: Did you have to look after her before her knee was sore?

CH5: No.

I: So how do you feel when you're at school and mums at home with a sore knee?

CH5: Um worried... tomorrow I have to go to school.

Birth Parents: Some children reported worrying about their birth parents. This was often the children that saw their birth parents less.

I: How's it different between how come your sad about your dad, when you think about your birth Dad you get sad when you think about J* (*birth mum*) you just feel ok cos you know you miss her but you know that she still cares about you?

CH3: Well because dad doesn't smoke drugs and she does?

I: So do you spend much time worrying about that?

CH3: Hmhm (*yes*)

I: Nodding? Nodding yes?

CH3: Yeah

I: How much time would you spend worrying? How big would it be? Which one?

CH3: Middle.

I: So is there anyone you really worry about?

CH2: Ahh yeah, S (*possible birth father*).

I: Do you worry about anyone else?

CH6: I worry about Dad in C*

I: Why do, what sorts of things do you worry about him?

CH6: I worry about that he might die.

Some of the children reported finding ways to stop the worry.

I: Do you spend much time thinking about your mum?

CH6: I try not, I try not to worry about it because um, I don't like, I don't want to keep worrying about it.

I: Yeah.

CH6: I just try forgetting.

I: Medium one (*worry*). Why is it a medium and not a big one?

CH1: Because of after I get used to things I'm doing when I'm away I don't really miss them anymore. I just forget about them.

Siblings: Two children reported they had been caretakers of their siblings at a young age.

CH7: Do you know what I used to do when I was little? When we all lived in this house I used to change my baby sister's diapers.

I: Did you? Did you look after her?

CH7: I was only like 5 years old.

I: Were you?

CH7: Mm hmm.

CH8: They do all the housework, and I had to do—I end up—this was whenever I was quite young; so about a toddler.

I: A little tiny girl, yeah.

CH8: So I had to make my parents bed and the thing was that high and I was like that; how could I fix this?

I: It would have been hard wouldn't it? So can you remember how you felt when you were trying to do it?

CH8: Nope. Well, I had a bunk bed; my sister was on the bottom, I was on the top. I had to make my bed; S—I had to do her bed. The bunk bed was only about that, so it wasn't—I could fit on quite easily with the ladder that we got was—at first it was right there. How could I get on?

I: That was really hard. It was really hard for you to do stuff. So, do you ever feel like that now; you feel like it's really hard to do stuff?

CH8: I even had to do dishes.

I: Yeah. Did you?

CH8: Everybody was like grumpy with me.

They identified worrying about these siblings who did not live with them. For these children the worry and anxiety was intense enough to intrude on their daily lives.

I: Is there anyone you worry about?

CH8: My sister.

I: Your sister why do you worry about your sister?

CH8: Because like I remember she went to W (place name) I think it was.

I: Yeah.

CH8: Um I don't know like what part of W she was going to cos it's quite a big area and like um like I didn't even know what like um sort of um

I: You didn't know where she was going and how big the place was. Were you worried about her coming back? Or was she on a holiday or, what was she doing in wellington?

CH8: Oh she was going on holiday.

I: Is it because you're worried about something?

CH8: Mm I'm worried about my sister mostly.

I: So your worry, worry something bad's gonna happen to her or your worried that you're not going to see her again or your worried that she's not being treated properly what are you worried about?

CH8: About like my sister going to W? Like I worry like if she might get hurt there or she like might get lost in the supermarket or something like I did in A (place name)..

I: So do you worry is there anyone you worry about?

CH7: No, about my baby sister yes.

(Back to playing)

I: So about your sister you worry about her?

CH: *(Playing)*

I: Why do you worry about her?

CH7: Because um I really wanna see her more.

General Safety: The majority of the children were concerned about being taken away or hurt by adults they didn't know. This is likely to be a common 'stranger danger' fear of children in general. However it may also be more pronounced for children who have experienced being removed from their parents care.

I: What makes you worried when talking to a grownup? They might take you away *(reading from journal)*.

CG: Her fear is that someone's going to take her away from here and make her live with someone else, but that's not going to happen is it?

I: Is that one of, what you were talking about when you wrote that?

CH4: yeah

I: Don't you like talking to homeless people?

CH11: Nah cos sometimes they can be hobos and they say come here I've got lollies and they can kill you.

CH5: Anything else you would like to share, that I like to help the world.

I: Wow so you've got a big heart full of love, that what it is?

CH5: Yeah, except strangers.

I: Strangers? What is it about strangers?

CH5: Um there, um that they will kidnap you?

Although fear of strangers is likely to be a common response from children in general, a couple of the children identified they were also afraid their birth parents might take them away.

I: So being away from home well we've sort of talked a bit about that, going away to camp what was that like for you?

CH5: Scared.

I: You were scared what were you scared of?

CH5: That my dad will come and get (huuh) and take me back.

I: So it sounds like you worry about that quite a lot?

CH5: Yep.

9.3.2 Constant Sadness

Although the sadness experienced by the children in the present study is not necessarily reflective of felt insecurity its intensity and constancy is unique to children in care. Because of this it is intrusive and can affect their mental wellbeing and daily functioning. For this reason it can indirectly undermine their felt security and is therefore presented here.

Birth Parents: Ambiguity, lack of control over contact; and perceived and real rejection were factors that affected the majority of the children's felt security in relation to their birth parents. The majority of children identified missing their birth parents most of the time with the associated sadness intruding into their daily lives. Other children identified they dealt with missing their birth parents most of the time by just not thinking about them.

I: How do you feel when you think about your Dad in prison, which one?

CH7: Sad.

I: Sad, big, little, medium?

CH7: Big.

I: And you said that one of the things you would do if you could have more say about your life if you would see your sister more.

CH7: The same as my Dad.

(Later in the interview)

I: How often would you think about your Dad, every day, every week, every month?

Mister (*Distracted*) how often would you think about your Dad?

CH7: Every couple of days.

I: Every couple of days. And how do you feel when you think about him?

CH7: Sad because he's in prison being sad.

Siblings: For this child his sadness (and worry) was for more than one person. He consistently spoke of missing (and worrying about) his sibling all the time. He had been actively involved in her care until the age of five when she was placed in foster care and her name was changed. He was frustrated by the lack of control he had over his contact with her.

I: So my 3 wishes - my super powers, have super powers and live with my mum. So what's it that you'd like to do with your mum? That's different here?

CH7: I like her.

I: Ah?

CH7: (*Muffled*) I love her.

I: Cause you love her? What did you say?

CH7: (*Very clear*) having anything in the world like living with my mum.

I: Yip.

CH7: And living with my sister.

(In interview 3 after discussions about his sister's placement on the PML Board)

I: So the biggest thing that really affects you is that you miss your baby sister?

CH7: Mm hmm.

I: So when do you get to see her?

CH7: (*Sounds subdued*) I think it's four times a year.

I: Four times a year?

CH7: I think that's it. You have to check with my Nana for that one.

I: Yeah. So how many times would be good for you? How many times would you like to see her?

CH7: Mm, twice every month?

I: Twice a month.

CH7: Mm hmm (*yes*).

The majority of the children reported missing someone most of the time. The intensity of these feelings was great. The majority of the children reported this missing feeling was often worse at night yet was consistently there. Two children reported they often tried to not think about it. The following child expresses clearly how strong this feeling was for her.

I: How big would the missing be with your Mum?

CH6: The size of this house to the next-door house.

I: That's massive, big.

I: That big missing, is there parts of the day that it's stronger in the morning, or at night, or is it the same all the time?

CH6: At night time when I'm asleep because it, sometimes I dream about her being here.

I: It's worse at night?

CH6: Yeah, and sometimes I wake up in the middle of the night or at two o'clock in the morning (*singing*) I like playing with blue tack it's really fine.

(*Another interview*)

CH6: I really, when I'm with my dad I really miss Nana. When I'm here, I really miss Mommy.

9.3 Member Checking Results

In the final home visit with the children and caregivers activities were administered to provide final clarification and evaluation data; and to provide closure of the research project for the participants. These included; a member checking activity which included a brief summary of the findings from Stages 1, 2 and 3; an evaluation post-box activity; and debriefing (refer to Chapter 4.18 for the full activity descriptions).

The children were read out statements that were the collation of common responses made by the children across all their interviews. This activity was designed to identify whether each child agreed with the researchers summation of findings. The format of this activity adopted the Harter (1982) design of children have said this, others have said this, what do say?

A sibling group of three were not at the agreed setting because the caregiver had forgotten. It was arranged instead to conduct the session within their school setting without the knowledge of the children themselves. This was checked with the children upon contact at their schools

and they all consented to participating in the activity. One child was not asked to complete the member checking activity because of the last minute setting change, the risk of the member checking activity to threaten felt security, the child's diagnosis of autism and his history of unpredictability in the school setting. This child did however complete the post-box activity. The following member checking results are therefore based on only eleven children's reports whilst the post-box reports are based on twelve children's reports.

9.3.1 What Children Said About Talking to Adults (Journal Interview)

- Nine children said adults help and know what to do to help children.
- Seven children said they liked talking to adults they love and that they see a lot. One child reported it didn't matter if they saw them a lot or not.
- Two children didn't like being asked questions.
- Two children didn't like talking much with a third reporting he didn't like talking when he got blamed for something.
- Seven of the children didn't mind talking to adults.
- Eight of the children stated they liked talking to adults because they listen to them and they liked being listened to.
- Three children indicated they would not talk if they did not want to answer a question.
- Four children said they didn't like talking to people they didn't know well and they were afraid they may be taken away.
- Eight children said the adults should take time to get to know them before talking to them.
- Three children said they didn't like talking about their birth mums and dads or why they lived with their grandparents. One child indicated because it was just too hard to explain and one said it was a sad story and another said it would make them sad. A further of the children agreed to this during member checking yet provided no reason.
- Ten children said they liked talking as it helped them to learn and it was fun.
- Six children said they didn't like talking to adults they didn't know.
- Four children said adults should know what is wrong with children just by looking at them.

9.3.2 What Children Said About Their Experiences of Kinship Care

Common topics the children talked about that caused them negative emotion:

- Six children talked about being different from others at school.

- Six children did not want others at school knowing they lived with their grandparents or having to explain why they live with their grandparents and not their parents.
- Seven children talked about missing the person that they saw the least or had the least contact with a lot of the time.
- Nine children identified worrying about the person they saw the least, including siblings not in the care of the grandparent, birth mothers and fathers.
- Four children identified being angry at the person they had the least contact with.
- Five children worried caregivers would die.
- Six children expressed worry caregivers would not like them anymore, or did not like them
- Four children were scared someone would come and take them away.
- Six children were scared at night time. None of the children could identify what they were scared of but said it had been with they had been for as long as they could remember. One of these children identified he knew why but didn't want to share it. Another of the children said he used to be but wasn't any more.
- Five children wanted more contact and a say in the contact they have with birth parents and siblings.
- Eight children did not understand why they did not have more contact with their birth parents or siblings
- The emotions identified by ten children about birth parents were sadness, anger, worry, missing with a mix of love and really love.
- Five children were confused about their feelings for their birth parents and could not identify one single emotion; other children identified how they felt about their birth parents by how much they saw them. Some had more positive emotion for the birth parents they saw the most; other children had more positive emotion for those they missed the most.
- Five children worried about the birth parents they did not see much, including a fear that they might die.
- Four of the children often confused love with missing and often reported they loved the birth parent or sibling they saw the least. Some later identified this was not love but a missing feeling.
- Four of the children were confused about how their birth parents felt about them.

- Six of the children had difficulties at school and with children at school. They reported this often caused more negative emotion than those emotions about their birth parents. This was because as this feeling was on going and some had got used to it and some had strategies to not think about birth parents. One child identified it was hard at school but she spent more time missing her birth parents.
- Seven of the children said they were angry, sad or missing their birth parents a lot of the time.
- Six of the children were confused about how other people felt about them, including caregivers but especially birth parents.
- Five children were unsure if their caregivers loved them (one child stated they wanted to feel loved more). One child added but “I do love them as well”.
- One child was unable to understand her feelings about her birth parents.
- Five of the children found the siblings they lived with annoying which affected the ways they felt about them.

Common topics children talked about that caused them positive emotion:

- Eleven children indicated feeling safe with their caregivers.
- Ten children indicated having a better life with their caregivers with an additional child indicating “kind of”.
- Seven children indicated feeling special because they lived with their (grandparents) with an additional child indicating “kind of”.
- Eleven children reported their caregivers help them.
- Eleven children identified having better opportunities with their caregivers.
- Nine children reported feeling their caregivers make good decisions about their care.
- Eleven children reported having more “stuff” with their caregivers.

9.3.3 What Children Said About Their Experiences of the Research Process

- Eleven of the children liked the fun activities.
- Five of the children found the questions hard or confusing.
- The younger children liked the format of Interview 2 (activities and just chatting about the different topics) better than Interview 3 (direct questioning and People in My Life board activity). Their reasons for this were that Interview 3 was; too hard, there were too many questions, they got confused and it was too much work.

- Five children were worried and scared they may do or say the wrong thing or get into trouble. One child was worried they would get their caregiver or parent in trouble if they said the wrong thing.
- Children with complicated disabilities (language, learning, autism) stated they liked being listened to and understood.
- Six children were nervous about saying the wrong thing.
- Four children were worried I would tell someone else what they had said. One child identified he did not want his birth father to know and clearly identified he wanted control over the information. Two children said they didn't want me telling people they did not know or who did not know them. One child was worried I would tell my boss.
- Three children needed to be reassured often throughout the research process that I would not tell others.
- Children used "I don't know" as a response if they did not know the answer (8) did not understand the question (5) or did not want to answer the question (3).
- Most of the children did not understand initially what the research was for and this needed to be repeated several times.
- Three children did the research because their caregivers told them to and they wanted to help. All children, however, consented on their own because the activities looked fun and they liked the research tools that they would get to play with. One child did the research because she wanted to meet the researcher.
- Five children felt the length between interviews was too long, with one child commenting that it was like the interviewer was a new person to them again. This was especially true for the younger children.
- Seven children liked that I took food for them and their caregivers.

9.4 Evaluation Results (Post-box Activity)

The purpose of the post-box activity was to gather additional data considered helpful in the clarification of existing data. This included data about the interview setting, activity preferences and interviewer characteristics. All twelve children completed this activity.

Q1. Would it be better if the person that interviewed you was a ...?

Answer Choices	Male	Female	Same	Don't Care	Maori	Pakeha/ White	Other	Don't Care	Same
Total	0	4	2	6	1	1	1	4	5

Answer Choices	Younger	Older	Same	Don't Care
Total	1	1	4	6

The majority of the children reported they did not care or preferred the same gender and age of the interviewer. This suggests they were comfortable with the interviewer.

Q2. Would it be better if the person that interviewed you visited ...?

Answer Choices	More	Less	Same
Total	9		3

All the children reported a preference for the same amount or more interview sessions rather than less. This suggests the interview process was a positive experience for all the children.

Q3. Which was better ...?

Answer Choices	Computer	Castle	Plasticine	PML	Journal	Craft
Total	10	2	5	0	2	1
The participants were able to pick as many activities as they wanted						

For the majority of the children the computer activity out-weighed their interest in the other activities even though children had previously reported the computer activity was more difficult because of distraction. This suggests the computer activity is perceived by the majority of the children to be better. Whilst some children were observed to enjoy and reported enjoyment of the PML activity, when compared to the computer activity they identified the computer activity as the better activity. If kept within children's skill level and incorporating an interactive design the computer activity demonstrates potential as an effective research tool.

Q4. Why did you do this?

Answer Choices	I was told to	I wanted to	I didn't want to
Total	3	10	0
One participant indicated two responses			

Q5. Did you see the research information (show them)?

Answer Choices	Yes	No	I Can't remember
Total	5	5	2

Over half of the children did not or could not remember seeing the research information. Three of the children were told to participate in the research. It could be argued on the basis of this their participation in the research project was unethical. However the on-going need for consent over the span of the research refutes this argument and highlights the way in which the children weighed up the benefits of participating in the research project.

Q6. Did you enjoy the activities?

Answer Choices	Yes	No	Some of them
Total	11	0	1

Q7. Did you enjoy answering the questions?

Answer Choices	Yes	No	Most of the time
Total	6	2	4

All of the children enjoyed the activities during the span of the research project. Two children reported they did not enjoy answering the questions. This is consistent with two of the children's reports during the interviews. Again it could be argued these children should not have been included in the research project however their observed and reported enjoyment of the interview activities appears to have outweighed their dislike for talking. This reinforces the notion that the children demonstrated the ability to weigh up the costs and benefits of participation for themselves.

Q8. The interviews should be at ... (more comfortable where)

Answer Choices	School	Office	Home
Total	5	0	8
One participant gave two responses: school and home. The three children that chose school indicated it would get them out of school. One said he could be in the Principal's office where the evaluation took place which he considered a special privilege.			

All the children were offered a choice of setting prior to interviewing them. All of the children reported being comfortable within the home environment at this time. Three children did not indicate a preference for being at home however the reason for this was not based on comfort rather than being able to get out of school work. Familiarity and safety could be considered the key factors to children's interview setting choices.

Q9. Did you answer the questions honestly?

Answer Choices	Yes all of the time	No never	Some of the time
Total	10	0	2

Two children reported answering questions honestly only some of the time. The design of the activity made it difficult to ascertain which children reported this however this is consistent with the interviewers experience across the interviews. Whilst it is difficult to determine whether the participant's reports are authentic three children were observed at times to not be reporting authentically. For these children it was at times when they were observed to be anxious. The inauthentic reporting for two children was in the guise of contradictory answers and for the third child imaginative talk. This reinforces the need to be member checking consistently throughout the process of interviewing as well as after the interviews.

Q10. Will you miss the interviewer?

Answer Choices	Yes	No
Total	12	0

Q11. Did you want to do the research?

Answer Choices	Yes	No
Total	12	0

Q12. Will you miss doing the research?

Answer Choices	Yes	No
Total	11	1

Q13. Would you do this again?

Answer Choices	Yes	No
Total	11	1

The responses to questions 10, 11, 12 and 13 suggest the majority of the children enjoyed and therefore were comfortable with the overall research experience.

Q14. How did you feel about the recorder?

Answer Choices	Didn't make a difference	Helped me say more	Stopped me talking more
Total	7	3	2

The presence and subsequent awareness of the recorder presented challenges across all the interviews. For the majority of the children however it did not have a detrimental effect on their responses in the interview process. For a couple children however it hindered their responses. Two children reported their discomfort with the recorder during the interview process. C9 initially found the presence of the recorder distressing and anxiety provoking. By interview 3 he reported he had got used to it and was okay.

Q15. Bringing the food ...?

Answer Choices	Helped me be more comfortable	Less comfortable	No difference
Total	7	0	5

All the children reported that bringing food had no negative effect on their comfort experience with the majority reporting it helped their comfort. This would suggest there is little risk of causing discomfort by bringing food to children when interviewing them.

Q16. Doing this research ...?

Answer Choices	Helped me	Did not help me	Made no difference
Total	7	0	5

All the children reported that their participation in the research project was either helpful to them or did not have any detrimental effect on them. These results highlight the individual nature of the children and reinforce the importance of having some understanding of each child prior to interviewing them.

9.5 Post Research Measure

This caregiver reported measure was conducted nine months after the interviews with the children were concluded.

Table 6: Post Interview Measures

Post Research Measure			
Caregiver Report	How do you think your child responded to the research project?	What effects do you think it had on them?	How are they now? Between 1 and 10 1 not good 10 very good
Child 1	More able to question Asks more questions now	Hard to tell because of his autism. He wasn't agitated or upset or even happy Thinks of you as his new friend he met at camp (last contact researcher saw him by chance in her work role at camp)	Good as I can expect him to be - 6
Child 2	Very excited afterwards – was hyper for a day – he was okay though he gets like that with any new changes	None Only brings you up if someone else does and then he responds she is my friend not anybody else	Good - 6
Child 3	Out of all of them he got the most out of it Talks to people about his problems now Goes to the counsellor at school if he has a problem	Prepared to open up a bit more So much going on in their lives I am not sure who and what is having an effect	Good - 6
Child 4	Absolutely great a totally different child Her behaviour at school has improved a lot She has had a change of medication though and I think this has helped	I don't know she loved the certificates and the gift voucher at the end	Good but she still has a long way to go - 7
Child 5	She really enjoyed it	Hard to say she asked if you were coming out again I think she had some attachment to you	She has a lot of problems at the moment - 6
Child 6	Good	She enjoyed doing it – she doesn't talk much about it	Doing really well - 9
Child 7	Alright – was unsure of where the information was going - I told him to watch what he said Enjoyed your company but I am not sure if he fully understood it	I think he was prone to be a bit conscious about opening up He was probably afraid if he said too much he would get taken away	Good – 8.5 I think he was too young to understand the purpose of the research It helped me to show him more love because he was unsure if we loved him or not
Child 8	No adverse effects	Not that I know of- there were no negative effects – she is not wetting her pants anymore	Okay a lot has happened with her father lately – she asked me what happens if something happens to me and she has to live on the streets - 4
Child 9	He just goes along - he is fine	Hasn't mentioned it again	Good to excellent - 8
Child 10	He was happy	He seems to have forgotten about	Still really struggling at school but he is

		it he doesn't mention you at all	good to excellent - 8
Child 11	Good she enjoyed it	Very hard to tell – no negative effects	Good she is improving – socially she still struggles to connect – 7 or 8
Child 12	He was really enjoying it	Certainly talked to you well - asked once when you were coming back I explained and he hasn't said anything more about it but no negative effects	He is continuing to have a lot of problems at school with his behaviour and learning – he spends more time with his birth mother – he is always having dramas - 5

The majority of the children were reported to have no detrimental long-term effects from being involved in the research process. One child was reported to have become close to the interviewer and the caregiver was unsure of this still had an effect on her. One child was reported to have had a short-term effect immediately after the last interview. Two children were reported to be able to converse more freely since the interviews. One caregiver reported being able to demonstrate her love to him more since the research as he had indicated he was unsure of her love for him. These caregiver reports substantiate the children's previous reports that there were no evident effects on the children's long-term wellbeing through their participation in the research project.

9.6 Format Considerations: Member Checking and Post-box Activity

It was anticipated children would struggle with the format of the member checking activity because there were a large number of lengthy statements to be checked. This was an especial concern for those with language challenges and those with the propensity to get distracted or bored. All eleven of the children completed the format of the member checking activity without any observed challenges. All of the children responded quickly yet thoughtfully to the statements and whilst the statements were more simply re-worded at times, none of the children questioned what they meant. This may indicate the question format (these children said, other children said, what do you think?) was more comfortable for the children and may have resulted in them being more confident in responding the same way as, or opting to disagree with, others with similar experiences to them. It may have been reassuring to know others felt the same way as they did. It may also have reduced the fear of consequences of getting the answer wrong as they could see other children had the same thoughts about the topic.

The majority of children engaged with the plasticine which was on offer whilst listening to the statements which were being read out. CH7 and CH12 who had become easily bored in previous interviews were not observed to become bored and did not report boredom. The fast pace of the activity and limited reliance on talking may have contributed to this. CH12 ate,

drank and had his friend present during the session. As with previous interviews he was observed to find it difficult to stay seated and focused yet completed all the tasks required.

It was anticipated the statements may have primed felt insecurity however all the children were observed to be comfortable during the recount of the statements and did not divert or refuse to respond to any of the statements. None of the children reported any discomfort. An alternative explanation for this may have been because these activities were implemented only two weeks after the final interview session with the children, rapport would have been higher than previous interview visits.

Eleven of the children completed the format of the post-box activity without any observed challenges. All of the children were observed to enjoy the secrecy and playfulness of hiding the answers from the interviewer. The format of this activity allowed for the session to be conducted quickly avoiding any observed boredom with the children.

One of the twelve children (CH4) who had high MLUs yet often responded “I don’t know” during previous interviews was observed to struggle with the post-box questions. It became apparent that she struggled to understand what was being asked of her. She asked for clarification on every statement. This reinforced her prior comments that she responded “I don’t know” when she did not understand the question. It was more apparent and easily detected because of the design of this activity. Other children (CH2, 3, 10 and 12) who had responded “I don’t know” regularly (not as often as CH4) during previous interviews but were not observed to be challenged in the same way. It at first appeared her self-identification of not understanding what was expected may be because of low comprehension but she did not have this problem with the member checking activity and low comprehension would be consistent across activities. It may therefore indicate increased confidence in her responses (in the member checking activity) when they are supported by other children who are perceived to have similar life experiences as hers. This is reinforced by her initial comment in at the beginning of the first interview “I don’t know what to say”. It highlights the importance of fully exploring comments like this early on in the interview process to avoid undermining the child’s real and perceived interview competence potential.

Irrespective of the reasoning it would have been useful to have used this design earlier with the child to identify her specific confidence difficulties. The use of this format early on in the interviewing stages may be useful to highlight possible comprehension or confidence

problems prior to interviewing for children in out-of-home care whilst also being an enjoyable light activity to gain knowledge of and rapport with children.

The limitations of this format to quality were evident when recording the outcomes from the activity. The response could not always be paired with the child who made the response and the answers could not be explored by follow-up questions to increase understanding. This became important in questions such as question nine (did you answer the questions honestly?) in which two children identified they were not reporting authentically some of the time. This format therefore did not result in rich data generation as with other formats.

9.7 Format Considerations: Interviews as a Data Collection Tool

The interview structures were designed to progressively increase the level of the sensitivity of the topics, thus increasing the potential threats to felt security. No specific questions that targeted topics related to children's felt security except possibly "questions not to ask you" were included in Journal Interview 1. Yet some of the children introduced sensitive topics of their own accord in this interview. The majority of the children self-initiated topics related to their felt security over the span of the interview process without being asked directly. Some of these topics, however, were identified by the ways in which children spoke about their daily experiences or recounted concrete experiences. This would indicate the structure of the interviews and length of time the child has known the interviewer is irrelevant to the level of sensitivity of the information the child may disclose.

Some other children, however, did not disclose sensitive information until they were directly asked about it. This meant the final interview activity structure was more fruitful in eliciting information about the children's feelings about their attachment relationships. Whether children feel comfortable about talking about potentially sensitive issues may be more to do with the unique characteristics of the child and their interview confidence rather than the structure of the interview.

The use of multiple interview sessions was of benefit in cross checking authenticity of the children's reporting. Authenticity became evident as children's reports remained consistent across each of the interviews. All of the children's reports about topics related to their felt security were consistent across the different interview structures. For the majority of the children these topics were reported in the earlier interviews. In these cases the benefit from the following interviews was the increased opportunities to gain deeper insights from further

questioning about their prior discussions. The importance of a topic and intensity of the feelings about topics was evident by the children's consistency of discussing the topic across the three interviews.

9.8 Felt Security and Stage 4 Summary

- Children expressed felt security with their caregivers and in respect of family membership, belonging and safety.
- The children's perceptions of being loved by their pets were in contrast to the ambiguity of their perceptions of being loved by family.
- Children expressed felt insecurity across six themes: perceptions of self, competence, rejection and difference, ambiguity, constant worry and sadness.
- Overall the children reported acceptable levels of comfort and enjoyment over the span of the research process.
- Children reported there were no detrimental effects on them as a result of participating in the present study. Some identified it helped them.
- Caregiver's reported no long-term detrimental effects.
- Perceived enjoyment of an interview activity can avert children's discomfort.
- Children demonstrated the ability to weigh up the costs and benefits of participating in research.
- The Harter (1982) style format was successful in promoting comfort with all of the children who completed the activity.
- Children's comfort about discussing topics with the potential to threaten felt security may be less to do with the interview design and more to do with the unique characteristics of the child and their interview confidence.
- The use of multiple interviews was useful in assessing the intensity and authenticity of the children's reporting of felt security.

The following chapter will discuss the outcomes as they relate to relevant literature and interviewing children in care.

CHAPTER TEN:

DISCUSSION AND CONCLUSIONS

The ethical and methodological challenges to interviewing children in care are complex. This is because they come into care with many developmental challenges that make them susceptible to the risks of further psychological harm. Little is known about the effects of interviewing children in care especially when the interview topics and strategies have the potential to threaten their felt security. These challenges contribute to the complicated issue of whether children in care should be protected from research or free to participate in it.

To address the “real world” dilemma of ethically conducting research with children in care, the exploratory methodology was useful in producing a wealth of data. The pragmatic methodology contributed to the practicality and trustworthiness of the outcomes through the timely use and appropriateness of targeted methods. The iterative and progressive refinement of the study design ensured the children’s exposure to potentially upsetting data collection methodologies was minimised maintaining acceptable levels of comfort.

The outcomes of this study have reinforced the complexities of conducting research with children in care and the measurement of their felt security. They have however, also contributed to our understanding of their needs within the research context and provided directions for improving the ethical administration research with children in care. This direction contributes to ensuring the research context incorporates a balance of both protective and participatory factors.

The outcomes addressed the primary research question of whether the felt security of children in kinship care can be measured by interview or other self-report measures whilst maintaining children’s comfort levels throughout the process. This will be demonstrated in the following discussion of the findings of the present study in relation to the emergent challenges to children’s comfort and comfort theory.

The comparative analysis of different interview methodologies and the effects on children’s comfort have provided insights to effectively address the ancillary research questions of the present study. Comparisons were facilitated through the inclusion of caregiver, child reports and interviewer observations to develop interview profiles of the children. The analysis

process led to the emergence of factors that have the potential to influence children's comfort experiences. The reports provided by children have increased the understanding of the prevalence and distribution of felt security among children in kinship care.

The findings of the present study demonstrate the competency of children in care to engage comfort promoting strategies. They highlight the matters which require careful consideration when designing research for children in care. The outcomes of the present study are consistent with and extend other researchers findings in relation to research with children and children in out-of-home care.

In this chapter practice guides are added to highlight points that can be integrated into the practical aspects of working or researching with children.

10.1 Relational Challenges to Children's Comfort

10.1.1 Early Disclosure of Challenges

In consideration of the primary research question, children identified personal information important to the maintenance of their comfort. The majority of the children disclosed early on (at the initial contact and in Interview 1) their concerns regarding the challenges they would encounter in completing the interview requirements. Some children revealed information that reflects on their felt security without being directly asked. These early indicators if "heard" and responded to are likely to avoid, or at least reduce, any potential discomfort for children and it is more likely their comfort can be maintained.

Children in care have often experienced early dysfunctional caregiving which can be associated with disrupted attachment representations. The IWMs of these children become maladaptive acting as a filter, distorting their view of other adults and affecting the ways in which they relate to them. This can hinder their ability of developing trusting relationships (Andersen et al., 2005; Saribay & Andersen, 2007). The likely reasons for the children sharing sensitive information could be that they felt safe enough in the interview setting (the home environment with caregivers often near or present in the first contact) and/or they felt safe with the interviewer. This would indicate these children were more able and/or willing to trust the caregiver's protection, the interviewer or both enough to share sensitive information with them. Another potential reason children in the present study shared this information early on in the process is raised by Christensen (2004) when discussing her experiences in interviewing children. She identified children's may find ways of testing if the interviewer

was trustworthy, responsive and genuine. Irrespective of the possible reasoning it is important these early comments are heard, acknowledged and discussed with the child early on in the research interview.

Within the present study, some of these comments were missed or undervalued and eventuated in the loss of opportunities to elicit a greater quality of data. An example of this is a child stating “I don’t want to get anyone in trouble” very early on in the initial contact with the caregiver and the child together. This child went on to be resistant to talking and became embroiled in continual power struggles with the interviewer. Another example is of a child who stated “I don’t know what to say” in her opening sentence of Interview 1. This was acknowledged yet not explored effectively. This could have meant the child did not know what to say to please the interviewer, did know what to say so she did not get in trouble, etc.

Consequently this child reported “I don’t know” at a consistently higher rate than any of the other children reducing the quality of data obtained.

Practice Guide: Actively listen to and effectively address the clues children provide to educate you how best to interview them. This will maximise the quality of the outcome data. These are likely to be provided during the early stages of contact with the child.

10.1.2 Relationship with the Interviewer

Little is known about how children in care would relate to the interviewer over the span of the study. The contribution of the experiences of dysfunctional parenting and events in care, including patterns of birth parent contact, on the IWMs of children in care make the interview relationship a complex matter. Researchers and interviewers need to understand the nature of distorted IWMs and sensitivities to perceived rejection and abandonment that children in care have, such that even short and transitory involvement is perceived by the children within that framework (e.g. expecting unpredictability). Researchers and interviewers, therefore, need to provide specific appointment times and stick to them to emphasise reliability and predictability.

The children in the present study varied in their relationship with the interviewer. The iterative design of the present study contributed directly to the mirroring of tenuous relationships in the child’s life by making the interviewers return for each interviewing stage unpredictable. This reinforced the interviewer as an unreliable and untrustworthy adult,

similar to past significant others making children vulnerable to attachment misrepresentations as discussed by (Andersen et al., 2005; Saribay & Andersen, 2007). This was supported by one child who reported that not knowing when the interviewer would return made her anxious. This child also reported feeling anxious about when she would see her birth mother again. This unpredictability can trigger negative relational expectancies, perceived rejection and abandonment and hence feelings of discomfort. This consequently exposes the children to the risk of having their already compromised IWM's reinforced with the belief of adults as untrustworthy as well as causing unnecessary anxiety between interviews.

Whilst caregivers reported in the post-interview measure, the interviewer relationship had no lasting impact on the children, this cannot be ruled out without actually consulting the children themselves. The potential long lasting effect of the interviewer-child relationship was illustrated by one of the children who spoke of her on-going worry about one of the respite care workers whom she had met in a one week camp stay and subsequently had no further contact with for over 12 months. Although it is not always possible to provide clear timelines (Morison et al., 2000) and boundaries for the research process in advance they help children to better understand the temporariness of the relationship from the outset.

Mackey and Vaealiki (2011) discuss the importance of a formalised debriefing and closure for young children as well as for those indirectly involved in the research process (such as caregivers). These formalised approaches to the different stages of the research design can provide the opportunity for the participants to anticipate and move toward closure of the study minimising any risks of relationship related anxiety that may cause children long-term psychological effect.

<p>Practice Guide: Studies should be designed to a level that researchers can plan ahead. Consult with children about the best contact times and provide dates prior to the initial contact as much as possible. Reliability, predictability and trustworthiness are critical factors for children in care.</p>
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10.1.3 Building Rapport

Quality rapport building, questioning and closure strategies have been identified within the skill sets deemed necessary by researchers (Westcott, Kynan, & Few, 2006). These factors create multifaceted challenges to maintaining children's feelings of comfort within the

interview context. The primary aim of building rapport between the interviewer and the child is to reduce anxiety and help the child to relax (Westcott et al., 2006). The rapport building phase is necessary even when the interviewer has previously met with the child (Westcott et al., 2006). Westcott, 2006 emphasise providing opportunities for the child to practice the interview. This would be likely to increase the child's confidence and comfort through becoming familiar with their role in the interview process. Rapport building can be complex because of the dominant positioning of the adult and requires explicit explanations to the child of their rights to withdraw, stop, not answer and provision of opportunities to rehearse these (Alderson & Morrow, 2011). The outcomes of the present study reinforce these researchers' findings and are discussed as follows.

In the present study knowing the adult they were talking to was reported as being important to children's feelings of safety hence their felt security. This was reinforced by the nervousness experienced by the majority of the children in the first contact compared to later interviews. It was also evident by some children missing important bits of information about the research and confidentiality processes because of nervousness. This reinforces the idea that when felt insecurity is activated it is difficult for children to devote their mental capacities fully to the current situation which in effect reduces the mindfulness state (Fonagy & Bateman, 2007).

An initial contact of getting to know the children without asking them directly about their experiences of being in care provided the space for children to get to know the interviewer. A primary focus of the interviewer in the present study was the constant expression of acceptance for the children to be able to negotiate and challenge the interview procedures and content with the view of establishing rapport. This was at first a foreign concept to the children but over the span of the study they were observed to gain confidence in providing feedback to the interviewer. It was crucial to the development of this confidence that the interviewer continued to respond to the feedback in ways that expressed acceptance.

The initial contact time allowed for the added benefits of providing children with a time to be trained in the use of any interview measures and activities. The training provided unexpected benefits as children appeared to achieve a sense of achievement, observed through sharing what they had learnt with other members of the family, and reported enjoyment of learning the measures which in turn assisted in the rapport building.

The use of parallel and play activities alongside the talking aspects of the interview were helpful to building rapport; this is consistent with other research (Carroll, 2002; Harden et al., 2000).

Practice Guide: Interviewers need to do what they say they will do to promote trust. This was evident with the children as they tested out whether the interviewer would reliably respond in the ways they were told. This was also evident when children gave critical feedback then waited tentatively for the response of the interviewer.

Practice Guide: Rapport building activities should be designed around tasks which will promote the child's sense of achievement and confidence. Training them in the use of interview measures can be helpful in attaining these goals. Assisting children to increase their confidence in their performance increased the likelihood of their comfort. The children needed time to absorb and understand some of the foreign concepts of consent and confidentiality.

Some of the children specifically reported they liked being listened to and the majority of the children wanted the interviewer to visit more. All the children reported liking aspects of the interviews and reported they would miss the interviewer, suggesting all the children liked the interviewer. All but one of the children reported they would want to be involved in research again. This indicates the experience was positive and the relationship was mutually responsive and respectful for all the children even those who had reported some negative feelings (such as anxiety related to unpredictability) associated with the interviewer-child relationship. Saribay and Andersen (2007) discuss the transformative effect of positive relationships on the negative relational expectancies. The positive experience of the research process and the interviewer interaction may be enough to break the cycle of insecurity and negative relational expectancies in respect of talking to stranger adults. It was evident in the post-interview reports a few children; were reported to have become more confident in talking to adults, asking for help and sharing their fears with caregivers more. This indicates the interview interaction can have positive effect on children in care, however, none of the children who were observed to attach to the interviewer were reported to have experienced these gains.

In the present study the timing of the interview sessions was seen to have an effect on the rapport established between the interviewer and the children. The unpredictability of contact threatened some of the children's felt security more than others as discussed above but it highlighted another issue relevant to children in care. The children's daily lives were unpredictable and susceptible to significant life events that interfered with the building of rapport. These significant life events included unexpected negative and/or disrupted changes to birth parent contact, proceedings regarding their placements, disrupted schooling and respite care because of behavioural incidents. It was evident as a result of these life events the rapport with the interviewer was disrupted. For two children in particular being sent home from respite care was seen to prime their felt insecurity about adults (as untrustworthy and unreliable) and themselves (as bad and unlovable/unlikeable). This transferred to the interview context with both children exhibiting attachment system activation at the beginning of Interview 3. This disrupted the rapport they had previously established with the interviewer in two previous interviews. It is necessary therefore to not presume once rapport is built with a particular child it will continue. The act of building rapport needs to be recognised as an on-going activity and not restricted to only the initial contact (Westcott et al., 2006) especially with children in care.

Practice Guide: Rapport building activities need to be conducted at the beginning of each new contact to refresh the rapport. This needs to be approached without any concern for time and interview agenda. Pre-visits the day before, although time consuming, can be particularly useful in building rapport with children.

The length of time between interview contacts, in the case of multiple interviews, needs to be considered carefully in the research design. The two week period between the initial contact and Interview 1 and the two week period between Interview 3 and the final evaluation, debrief and closure interviews in the present study were observed to be more comfortable for the children in comparison to the longer periods between Interview 1, 2 and 3 (4 months and 3 months respectively). Children reported the preferred timeframe was one week apart but were happy with two weeks apart. This was further supported by one of the children requesting a pre-visit before Interview 3 which resulted in reduced resistance and increased happiness in participating in what he reported as being the boring bits of the interview.

Practice Guide: In the case of multiple interviews the period of one to two weeks is preferable in maintaining rapport (this and the recommendation above are especially helpful for children who have the tendency to be oppositional or resistant).

In relation to the primary research question, the relationship with the interviewer was shown in the present study to influence the comfort children experienced when being questioned. It is proposed children in care are more susceptible to challenges in developing the interviewer relationship, building rapport and aspects of the exploratory design. The propensity of research relationships to mirror their tenuous relationships with birth parents and the number and intensity of the life events that can occur in the lives of children in care can interfere with the interviewer-participant rapport. These factors are specific to children in care and have the potential to create discomfort within the interview context. They also have the potential to reinforce maladaptive IWMs of; the environment as unpredictable and unsafe, adults as unreliable and untrustworthy and themselves as incapable and unlovable. This has the potential to effect children both short and long-term.

10.2 Felt Security and Felt Insecurity

Simply stated the IWMs consistent with felt insecurity are the world is unsafe; adults are unreliable and untrustworthy; the self as incapable, unworthy (to be loved) or bad (Bowlby, 1960; Mikulincer et al., 2005). The formation of maladaptive IWMs occurs in response to adverse early attachment experiences which in turn affect attachment security and subsequently the development of the self-construct. Children in care are often exposed to maltreatment and neglect during their early years. These adverse experiences compromise their attachment security and the formation of adaptive IWMs. This contributes to these children being vulnerable to increased perceived threats. These perceived threats have an adverse effect on their felt security. In the present study the children were found to have increased perceptions of: threats in relation to their safety; rejection; and incompetence.

In addition, the in-care experiences of children in care are extraordinarily abnormal. Experiences such as tenuous birth parent contact, caregiver illness, guardianship disputes, and ministry involvement create on-going threats to their felt security. It would be expected that any child exposed to these abnormal experiences would have their felt security threatened. The on-going nature of these adverse experiences can compound their vulnerability to threatened felt security.

Schofield (2002) discusses the importance of providing a secure base for children in care. She states this is based on several factors including children having a sense of belonging and family membership. Within the present study all the children expressed a clear understanding of their family membership and expressed feelings of belonging. The ways in which they interacted and spoke about their caregivers demonstrated they responded to their caregivers as a secure base. This was possibly because all the children were in their grandparents care and were likely to have already established attachment relationships with them; and experienced naturally occurring on-going connections to extended family. They spoke of being loved, feeling safe and having their needs met. Those children that had pets responded with certainty about their love for; and being loved by their pets. Their certainty of their pets love was markedly different than that of their human relationships.

All the children expressed some felt insecurity over the span of the present study. The disruptive effect on their daily functioning was evident through the consistency and intensity with which some topics were reported by the children. The susceptibility of children to experience felt insecurity varied across the present study and was expected to be variable considering the diversity of their backgrounds and characteristics. The consistency of the distribution of felt insecurity across all the children however, confirms the findings of previous studies. It highlights the detrimental effects of felt insecurity on children's functioning within the interview context as well as across other settings such as home and school.

In the present study the children's responses which indicated felt insecurity were in relation to: perceived and fear of rejection in relation to caregivers, peers and birth parents; their perceived difference from others; and ambiguity about their relationships. The emotional components associated to felt insecurity were often in response to their real circumstances such as loss and separation from their birth parents. This highlights the stressful events children in care often experience; and the need to recognise how the ongoing nature of these events can influence their felt security both by presenting real threats and intensifying their propensity to perceive threats and rejection.

A few of the children reported some felt insecurity within their relationships with their caregivers. These children reported they were unsure if their caregivers really loved or

wanted them. This ambiguity about their caregiver's real feelings for them can create perceptions of rejection potentially jeopardising their feelings of truly belonging. Children that have predictable and reliable care are less likely to question their own lovability (Schofield, 2002). Therefore for the children in the present study, the perception of not being loved is likely to be representative of their maladaptive IWMs in relation to their experience of adults as untrustworthy and their selves as unlovable. These maladaptive IWMs would make the children vulnerable to perceived threats to their felt security hence activating their attachment systems. This can leave observers confused by the children's behaviour as they are responding to their perceptions of threat rather than any real threats. This is consistent with the confusion caregivers reported about their children's unpredictable and challenging behaviours at home and within the school setting.

The presence of distorted perceptions was consistent across the majority of the children's reports about their peer relationships. They reported perceptions of not being liked by anyone and expressed fears of rejection. These perceptions have the potential of threatening their felt security and hence interfering with their school relationships and behaviour.

For the majority of the children their reports about and behaviour towards their caregivers; and for some, their birth parents and peers; suggested the presence of felt security within these relationships. Their felt security however was tenuous and able to be threatened by normal happenings such as a caregiver getting angry at them or children at school being mean. This suggests most of the children in the present study had maladaptive IWMs which left them susceptible to perceptions of threat and felt insecurity. This was compounded by their experience of stressful life events further compromising their felt security.

These findings suggest the children in the present study often experience felt insecurity, which interferes with their daily functioning. The consistent intrusion of feelings of anxiety and sadness associated to felt insecurity about their caregivers, birth parents and their placements was evident in their reports. It was also reported as remaining consistent across settings; the interview setting; and the home and school settings. Felt security is therefore a critical factor which needs to be understood and considered when interviewing children in care.

In addressing the additional research question, the children's responses revealed the tentative balance between the aspects of their daily lives which promoted their felt security; and the aspects which threatened their felt security. At times the already susceptible felt security of the children was further threatened by the act of interviewing over the span of the present study. This emphasises the need to ensure the administration of research with children in care provides a protective environment incorporating well considered designs.

10.3 Comfort Theory and Interviewing Children in Out-of-home Care

The comfort theory model as described by (Kolcaba (2001); Wilson and Kolcaba (2004)) includes the concepts of relief, ease and transcendence. The factors of interviewer competency, children's ability to participate, use of distraction activities and felt security are identified as influencing the comfort experience of children in a clinical/medical setting. Nilsson et al. (2011) also highlight the importance of clinician competency, the child's sense of control (participation), use of distraction activities and felt security in establishing comfort. Relief refers to the removal of discomfort, ease to the absence of discomfort and transcendence to the strengthening of someone to rise above discomfort when it cannot be removed (Kolcaba & DiMarco, 2005).

The findings of the present study support and extend this research. Children consistently demonstrated relief and transcendence through the self-initiation of strategies for coping with experiences of discomfort. Communication through conversational flows was determined to be an expression of comfort for the majority of the children.

In the present study the majority of the children experienced some discomfort, prior to, during, or after the interview process. Their experiences of discomfort due to negative emotions were fluid during the interviewing process. It was at times difficult to determine whether discomfort was associated to the interview methodologies, the act of being interviewed, or in response to the topic being discussed.

In response to the ancillary question aimed at identifying which factors influence children's levels of comfort and the overall research question of whether comfort can be maintained whilst interviewing children in care, a number of factors emerged from the data (refer to Chapter 6: Figure 6.1). These factors are discussed in the following sections.

10.3.1 Interviewer Skill

Existing research exploring the practical needs of working with vulnerable children identify the necessity of a specific skill set to ensure the wellbeing of the children being interviewed (Westcott et al., 2006; Winter, 2012). Consistent with current research (Kolcaba, 2001; Nilsson et al., 2011; Wilson & Kolcaba, 2004) interviewer skill/competency has been shown to be integral to the children's comfort experience. The findings of the present study support and expand this by identifying specific factors of the interviewer skill set that contribute to participant comfort. The core factors identified in the present study as contributing to interviewer skill are: the level of interviewer comfort; the communication style of the interviewer (use of humour, strength based language etc.); and the ability to identify the timing and appropriateness of different communication strategies to enhance the comfort experience. The role the interviewer adopted was considered as both part of their communication style and a strategy. An overriding factor is the ability to evaluate the needs of the participants (Dunphy, 2005).

Interviewer Comfort: In the present study when the interviewer was uncomfortable this tended to transfer to the child's comfort experience. Interviewer discomfort often manifested in an over focus on the interview agenda, disorganisation, missing opportunities for clarification and clumsy questioning. These actions were unhelpful in the elicitation of responses, maximising data quality and the comfort experience.

Communication Style: The communication style of the interviewer needed to be adjusted based on the age of the children (with some younger children not understanding her use of humour). For one child, affirmations and sense of humour increased the child's shyness (increased discomfort) and increased the response of "I don't know". What worked for one child did not necessarily work for another child. This emphasised the need of a competent skill base to be able to flexibly adapt to each of the children's needs.

Communication Strategies: A broad range of communication strategies (examples of these can be found in section 6.4) were found to increase the comfort of the interviewer and maximise the comfort experience for the children. Again when strategies worked for one child it did not mean they worked for another child. The interviewer's skill to move to and from strategies to promote effective communication and the comfort experience proved vital in the present study. The importance of the flexibility and sensitivity of the interviewer in

their choice of strategies, techniques and questioning is reinforced by Harden et al. (2000) in their discussion of children's participation in research.

Evaluating the needs of the Participant: The interviewer's ability to respond to the children's psychological state, and feelings of comfort; is of equal importance, to the interviewer's ability to identify which different communication strategies to use. This ability to respond relies on the effective recognition, identification and in some cases acknowledgement of nonverbal and verbal cues. The ability to stay attuned to the child's motivations and needs through non and verbal cues, is one that not only contributes to the comfort experience of the child but also one that contributes to authenticity of outcomes.

The importance of the interviewer's capacity, in the present study, to be attuned to the cues of the children was demonstrated in the construct of boredom. Boredom is a construct which is difficult to measure, quantify or identify. Discomfort attributed to boredom with an activity could be interpreted as such because; the child does not like the activity, the child finds the activity too hard, the child's felt security is threatened. In the present study the interpretations that a child was bored, relied on the proficient recognition of the nonverbal and verbal cues associated with boredom, in contrast to the alternative causes of discomfort. The facial expressions and body language for boredom was identified as; rolling the eyes, a big sigh supported by the reports, "this is boring", in a monotone voice. Recognising the need to be flexible in adapting communication styles and strategies because of accurate evaluations of the participant needs assists in remaining focused on the participants' needs over and above the needs of the research agenda.

The skill of accurately evaluating the nonverbal and verbal cues could be considered a skill acquired through frequent exposure and experience of working with children. Of all the skills this could be deemed to be the critical essence of interviewer skill. These findings are consistent with the discussion on successful and ethical interviewing with young children in Dunphy (2005).

Practice Guide: It is important researchers have the experience to effectively evaluate the non-verbal and verbal cues through being attuned to the participants. This ensures the focus is on the participants rather than the research agenda.

The children in the present study presented with complex mental health diagnoses, developmental histories and care experiences. Gaining prior knowledge of their tendencies increased the ability to *accurately* assess and respond to the needs of the children. An example of this was a child with a multiple diagnoses and history of maltreatment who made a small screeching noise and then asked to go to the toilet (a calming strategy of time out). This would have been easy to miss as a vital warning sign of distress without the prior knowledge of the child's tendencies and strategies to maintain comfort (as provided by the children's Interview Profiles).

In relating interviewer competency to the comfort theory model; the removal of (interviewer) discomfort (relief) and strengthening the interviewer (transcendence) could be attained through specialised learning opportunities and training. This would include; learning an array of communication strategy options, increasing the experience of research interviewing, actively seeking and learning information about the participants prior to interviewing (Irwin & Johnson, 2005).

Practice Guide: Researchers and interviewers need to gain experience and specialised training in the communication strategies effective with children in care and establishing comfort. Specific prior knowledge about each child in the sample population can assist in maximising comfort for the children and the interviewer.

These factors contribute to not only interviewer competence but also interviewer comfort which can enhance the comfort experiences of their participants. In the present study the children's reports identifying the role of adults was primarily as a 'helper'. There was an expectation from children the adult interviewer would lead the interview and help them when they needed it (Alanen & Mayall, 2001). It is therefore necessary the interviewer is competently able to maintain their own comfort, have the communication skill and understand the children to help children to maintain their comfort experience.

Practice Guide: Ultimately, if the interviewer is comfortable with their competency to perform in the interview, the children will respond to this, increasing their confidence in the interview and this is likely to increase their comfort. Prioritisation of the children's (participants) needs is necessary.

These factors although expected to maximise comfort and avoid participant distress may also contribute to strengthening the interviewer to overcome any potential discomfort (transcendence) should a participant (or child) escalate in their distress levels.

10.3.2 Interviewer Role

A factor which could be considered to be either interviewer strategy or part of the interviewer's communication style is the role the interviewer adopted. Alternative roles for the adult are discussed within literature. The role of neutral actor discussed by Davis, 1998 represents the interviewer adopting a non-authoritarian role. He identifies researchers may take on various roles in interaction with a variety of people in the research environment at different times. The non-authoritarian role has also been referred to as the role of a friend or least adult and have been recommended to address; the power disparities between the adult researcher and child participants, and to facilitate interaction with children (Davis, 1998; Harden et al., 2000; Kirk, 2007; Warming, 2011). The least adult role can be described as taking on childlike behaviour and abdicating the role of adult authority by allowing the child to model the appropriate interviewer's role (Warming, 2011).

The use of these roles is debated amongst child focused researchers (Davis, 1998; Harden et al., 2000; Kirk, 2007). The least adult role is suggested to place the researcher in a power-neutral position (Elton-Chalcraft, 2011) and allow researchers to observe children in an unobtrusive position (Kirk, 2007). Those that oppose the least adult or friend role suggest; the power disparities that exist between the researcher and the child can hinder action resulting in an uneasy experience for the child and children would be unlikely to accept this role (Harden et al., 2000; James et al., 1998; Kirk, 2007), it would be confusing and intentionally misleading (Morrow & Richards, 1996) and it may viewed as condescending to the child (Christensen, 2004). They suggest power can instead be negotiated and renegotiated during the research process (Christensen, 2004; Eriksson & Näsman, 2012).

The definition of “adult” is suggested as susceptible to ambiguity and can be used to represent different adult roles such as that of teacher and caregiver (Christensen, 2004). It should be recognised rather, that children view the researcher as a stranger (Christensen, 2004; Holland et al., 2010). These relationships Christensen (2004) suggests are worked out through continual negotiation and power which is viewed as a natural part of social life. This is evidenced in Connolly’s, 2008 study with young children, exploring the ways in which race and gender affect them. In this study he adopted a contradictory dual role of teacher/researcher. He identified that when children were able to differentiate the roles and they engaged with him successfully. In this successful engagement he suggested, the children were able to successfully reveal a level of competence usually associated to being an adult. Connolly (2008) refers to this as children having “adult competence”.

Christensen, 2004 suggests children can perceive adults to be threatening and dominant unless adults specifically change their typical adult behaviour and responses. Christensen suggests adult researchers who take on the role of “other” or “unusual” adult, adopting a role that helps avoid the preconceived scripts children may already hold about the adults around them, such as teachers, caregivers etc. In Barnes, 2007 study which sought youth’s perspectives on rights and advocacy, the youth identified the role qualities they felt were important for interviewers. These were: “respect, interest, listening, valuing them and treating them as equals and individuals, not like a child” (Barnes, 2007, p. 147).

Morison writes that, in general, an authentic interest for the wellbeing of the child should guide research practice and will enhance the quality of outcomes (Morison et al., 2000).

In the present study the interviewer adopted three roles that of “adult being child”, “being adult” and the “unusual adult” role (refer to Chapter 6.2 for definitions). The adoption of these roles was fluid and changed in response to the interview activities and the children’s responses. Children at times actively placed the interviewer in the adult role just by asking the interviewer to help them when they needed it. This was consistent with all the children’s reports that a primary role of an adult is to help them and listen to them. The child (least adult) role emerged when the interviewer and child were engaged in a game and resulted in increased laughter and fun contributing positively to both interviewer and child comfort. The role of “unusual adult” appeared to remove the children’s view of the interviewer as an authoritarian and increased rapport.

The interviewer moved flexibly and naturally between roles, driven by an “authentic interest” to which Morison et al. (2000) refer. All the roles adopted were accepted by the children and were observed to have a positive effect on the children’s comfort experience.

An example of this in the present study was a child’s propensity to want to engage adult appropriate sites in the computer activity. This provided opportunities for the child and the interviewer, in an “unusual adult” role, to negotiate instead of the interviewer, in an “adult” role, using an authoritarian power over the child’s choices by outrightly refusing the child access. This resulted in the promotion of rapport and partnering with the child. A fruitful benefit was it provided opportunity for the child to reveal his own adult competence when he recognised the interviewer’s discomfort to the adult language being used in some of the music videos and games he was accessing. The child made his own choice to turn the volume off and just watch the videos or games, which provided relief to the interviewer. The ability demonstrated by the child to identify the interviewer’s discomfort is consistent with Connolly (2008) who discusses the potentiality of children to demonstrate adult competence. Although the term adult competence can be thought to undermine children’s competence it is especially useful to emphasise some examples. For this child his display of adult competence in being able to read the interviewers discomfort and respond in a way to relieve that discomfort was especially significant. This child had a diagnosis of Reactive Attachment Disorder (RAD) and was not often reported to have been attributed with adult competence within his school or home setting. It was likely this ability was masked by his regular displays of out of control behaviours and limited opportunities to express this ability.

Practice Guide: Maintaining genuine and flexible responses to and engaging in child-led activities alongside children, promotes the fluid transition from one role to another (for both the child and the interviewer). These transitions promote informal conversational flows and increased interviewer and child comfort experiences.

The example discussed above also highlights the potential conflicts that may occur in respect of the interviewer and caregiver roles. Caregivers are often not afforded the same status rights as parents and can be placed in situations where they have to advocate more strongly for their children because of their complex needs and challenges. It is therefore important that researchers and interviewers do not undermine the caregivers’ role to provide care and

protection for their children. In the present study there were times when the caregiver interjected to ensure their child was okay with the process. The above example in particular was one that required careful explanation to the caregiver when she interjected. It was essential this explanation did not undermine the caregiver's rights to refuse her child's access to adult appropriate information.

Practice Guide: It is helpful to explain the purpose of and different roles that may be adopted during interviewing (the child) to the caregiver prior to interviewing. This will assist in establishing a positive working relationship with the caregiver and allaying any fears they may have concerning harm to their children. It is important to always act to support the caregiver and not undermine their (care and protection) role with their children.

In consideration of the primary research question, interviewer competency was found in the present study crucial to maintaining the comfort experiences of children in care. This would be equally so for any participant whether adult or child, whether in care or not. A potential difference for children highlighted in the present study was the susceptibility of the children to experience perceived threats to their felt security. This raised the potential of the interviewer to be unaware of which lines of questioning were more anxiety provoking for the children than others, hence increasing the risk of felt insecurity and activation of the attachment system. It is critical therefore that researchers and interviewers working with children in care recognise they need to be consistent in their commitment to enacting a "duty of care" to ensure no harm comes to the children. This was emphasised in the present study in the importance of the interviewer's capability to firstly identify when felt security was threatened and then adapt and respond flexibly to restore comfort and felt security.

Practice Guide: The primary role of the researcher and interviewer is the responsible adult role of providing a duty of care and protection to the participating children.

10.3.3 Interviewer Characteristics

The effect of the interviewer characteristics on the children's comfort experience was not fully explored in the present study but the evaluative data indicated that the majority of the children did not care about or they were comfortable with the interviewer's gender and age. Only two children thought the interviewer should be a different age (one preferred older the

other younger). The majority of the children also reported they were comfortable with the ethnicity of the interviewer. Two children reported preferring an interviewer of another ethnicity (one Maori and the other indicated “other”). Although the present study was limited by resources (one interviewer/researcher) it would be considered better practice to ask children about their interviewer preferences, and attempting to meet these preferences, prior to interviewing.

10.3.4 Child Competence

There are still many debates about the competency of children to be able to participate in research and the quality of the data they can provide. Some suggest children may not be used to being questioned (Punch, 2002). They can feel obliged and not entitled to interrupt or take control in the process (Fernqvist, 2010). They may find it difficult to withdraw, disagree or say things that may be unacceptable (Hill, 2006 cited in Brotherton et al., 2010) or want to respond in ways to please the caregiver or researcher (Brodin & Stancheva-Popkostadinova, 2009; Brotherton et al., 2010).

Children in the present study consistently demonstrated competence within the interview context. They reported preferences in relation to being questioned, they demonstrated control over their responses, some withdrew from interview activities and whilst showing signs of wanting to please the interviewer, were able to challenge and correct the interviewer. The children were observed to weigh up the costs (perceived threats) and benefits (fun activities, achievement) of choosing to participate in the research process. The findings of the present study are consistent with the reports of many researchers who propose children have shown themselves to be competent and valuable contributors to research, and are able to make decisions about their participation when given opportunity to (Atwool, 2006, 2010; Biehal et al., 2010; Cashmore, 2002; Christensen, 2004; Christensen & James, 2008; Freeman & Mathison, 2009; Harden et al., 2000; Morison et al., 2000; Punch, 2002).

The factors which were identified in the present study as contributing to child competence were their style of communication and their use of communication strategies. Their competence sometimes, especially in the earlier stages of interviewing, was greater than that of the interviewer. This is comparative to what Christensen (2004) found in her study with children who demonstrated patience, inclusiveness and developed a sense of what she wanted to know.

The children in the present study demonstrated competence; by engaging in communication strategies and coping strategies to manage discomfort, to challenge the interviewer when wrong, to learn the skills associated to the use of the comfort measure, to re-word their statements if it was evident the interviewer did not understand what they meant, to identify when they did not know something, to teach the interviewer, making them expert and demonstrating adult competence, and in many other ways.

Children however were observed to struggle with identifying and discussing their own behaviour at times during the interviews such as not being able to do something. Also about behavioural challenges such as not coping or getting in trouble at school, not having friendships, not being able to report why they didn't want to answer something or felt a particular way about something, not being able to focus on an activity and talk at the same time. These difficulties were made evident through the divergence of the caregiver reports from the children's reports about their own negative or antisocial behaviours. It is difficult to assess whether children did not want to address these questions or could not because they did not understand the motivations of the behaviours themselves. Garbarino and Stott (1989) propose:

Children are sensitive to their dependency on the adults who care for them - when they are made overtly aware of their dependency, they become less spontaneous and more wary of factors in a situation that may threaten their sense of security (p.81)

This may provide insights into why the children in the present study did not respond to some lines of questioning related to what they would have perceived as their own negative or incompetent behaviour. This explanation suggests children may perceive more threats to felt security when they are questioned about behaviours that they perceived as something they are dependent on adults to control. Another possible explanation is they may have learnt not to report misbehaviour.

The time of greatest challenge to children's feelings of comfort was when the felt security of children was threatened by the sensitivity of the topic or the difficulty of an activity placed a heavy demand on their cognitive ability. Felt security was challenged when a topic was perceived as too sensitive. The effect of difficult tasks on children's comfort became evident during their engagement in the computer activity. If it were too difficult for them it demanded

their whole attention making it difficult for them to listen and respond to questions which increased their frustration levels.

Some researchers (Alderson, Sutcliffe, & Curtis, 2006) have damned developmental research methodologies suggesting they intimidate children making them nervous affecting their performance and making them appear less competent. They suggest the developmental methods are standardised procedures delivered in a detached manner, assuming children will respond unreliably and undervaluing unexpected responses resulting in undermining the competence of children. The present study indicates it is possibly less to do with the methodology and more to do with children's perceptions of their own performance that affects their comfort experience. Felt insecurity has been proposed to interfere in children's real performance and perceived competence (see section 2.1.6) (Mikulincer & Shaver, 2007; Ryan et al., 2007). There was consistent evidence of this in the present study as children's felt insecurity was observed in the majority of children as being associated with their feelings of competence.

In research literature (Harden et al., 2000; Punch, 2002), the issue of children's willingness to please the researcher and the potential for this to jeopardise authentic reporting has been raised. In the present study the majority of the children demonstrated a willingness to please the interviewer but this was not so much in what they said rather in how they perceived their performance. Researcher's report that children want to participate and be listened when participating in research (Cashmore, 2002; O'Kane, 2008). Children have a desire to be competent in their participation (Brodin & Stancheva-Popkostadinova, 2009). The children in the present study were all observed, with some children reporting, to want to perform competently. When their performance was compromised they reported feelings associated to discomfort such as frustration, anger, worry. In one example a child appeared disassociated indicating it was likely felt insecurity had been triggered and activated the attachment system, and consequently her defences. When questioned later the child denied the occurrence of the episode. Episodes like this can contribute to inauthentic reporting. The outcomes of the present study highlight the importance of children in care to perceive themselves as competent performers to preserve their felt security.

In consideration of the comfort theory model children were able to experience relief from discomfort when the interviewer reassured them that there was no right or wrong answer or right or wrong way to think. This appeared to be a foreign concept to some children and had

to be explained carefully and consistently over the span of the interviews, often by including concrete examples until they understood and accepted it or believed it to be true.

Children were also able to achieve transcendence by learning and practicing the required interview skills such as those associated with the comfort measure in the present study. Children were observed to and expressed a sense of enjoyment and achievement in mastering the skills required by the use of the comfort measure. This was observed with some less confident children to increase their confidence in their ability to participate competently in the research process. This is consistent with the Cashmore (2002) comment that children “learn by example and practice” (p.839). Even more so, assisting children to learn and practice strategies to participate competently has the potential to rework their IWMs in relation to their perceived competence and reduce their perceptions of threats to their felt security.

Practice Guide: Include activities and tasks that can assist children in successful interviewing experiences and participation. Take the time to train children of what can be expected during the span of the research process.

Communication Strategies: All the children in the present study were found to use communication strategies to maintain their experience of comfort. These strategies only became clearer by engaging children in a series of interviews. Children were able to engage competently in coping strategies to maintain their experience of comfort and did so consistently over the series of interviews. These strategies were: diverting from the topic, not replying, humming or singing to themselves or the use of parallel activities (refer to 10.4.5 for further discussion).

The use of communication strategies exemplifies the competency of children to participate in research and to manage proactively aspects of their comfort experience. The children’s use of these strategies aides the removal of the cause of the discomfort and provides relief consistent with the comfort theory model. Their employment of coping strategies such as singing and humming or taking a toilet break can be thought to be strategies that provide relief or strategies that strengthen the child to cope with the discomfort. This is supported by the findings of Davis (1998) who proposed children can and will use strategies such as humour, silence and conflict if they perceive the researcher crosses their boundaries.

In the present study the researcher attempted to provide opportunities for transcendence. This was by providing choice and control over the topic discussion and opportunities to disclose their difficulties in talking about a topic. It was anticipated this might encourage children to engage the reflective self-function identified by Fonagy, Steele, and Steele (1991) and Mikulincer and Shaver (2007) as integral to resiliency. Providing choice over the topic, however, resulted in children not talking about the topic. This is consistent with the identification of children's exclusion of topics in the O'Kane (2008) study with children in out-of-home care.

In the present study children were observed to divert and not respond to sensitive topics. When they were questioned about whether they were uncomfortable and did not want to talk about the topic all the children continued to divert from the discussion. This is somewhat consistent with the findings of McAuley (1996) who suggested older children became more defensive about topics related to birth parents and foster carers. This is also consistent with some of the study children's reports that if they did not want to talk about something they wouldn't respond. This reinforces the supposition that all the children in the present study, irrespective of age, found it difficult to discuss their externalised behaviours. In conserving the notion of transcendence the idea of the development of potential strategies or interventions which could promote children in care in being strengthened to overcome issues which prime felt insecurity is one worthy of further exploration.

In relation to the primary research question the present study revealed children were able to engage competently in strategies to maintain the own comfort levels. The ability to express themselves in this way was still somewhat dependant on the interviewer's skill to facilitate this. To maintain comfort during the span of the research project it was critical the interviewer provided an accepting and appropriate space to allow children the freedom to express themselves in the ways of their own choosing. This included facilitating their competence to maintain their own comfort experience.

10.3.5 Child Role

The role of the child within research has historically been that of object or subject (Gallacher & Gallagher, 2008). This places the researcher in the role of expert and the child in the submissive role of having research conducted on them. Experimental, developmental and medical research has been well-known and is criticised for this approach to research with children (James et al., 1998; James & Prout, 1997; Prout, 2005; Woodhead & Faulkner,

2008). The substantial amount of recent research that has been conducted with children has shown they are competent of taking on a variety of roles within research (see Alanen & Mayall, 2001; Bessell, 2011; Cashmore, 2002; Christensen & James, 2008; Mayall, 2002; O'Kane, 2008).

Children have been reported as the experts of their own lives and by allowing them to take on this expert role (Mayall, 2008) they will experience empowerment (Mayall, 2002). The discussions about the empowerment of children create debates amongst researchers. The supposition that a child needs or can be empowered has been criticised suggesting the very idea of empowerment implies the child cannot be autonomous in research without the aid of the adult developed methods (Gallacher & Gallagher, 2008) and permission. Others propose that empowerment comes when the individual takes the power and that no-one can ever really empower another (Adams, 2003 cited in Fernqvist, 2010).

The child roles adopted by children in the present study were those of: “being child”, “being equal” and “being adult” (refer to Chapter 6.2 for definitions). The children adapted their roles in response to the interviewer’s responses, the requirements of the interview activities and their experience of discomfort. If therefore roles reflect the power the children have their adoption of roles, within the present study this was fluid supporting the claims of Christensen (2004) that power relationships between researchers and children can be negotiated and are fluid.

Children in the present study expressed themselves in the role of “being child” (imaginative, baby talk, making noises, asking for permission, expecting the interviewer to just know) when engaged in play or when requiring the help of the interviewer. In essence this was likely when they viewed themselves as less competent than the interviewer.

They expressed themselves in the role of “being equal” to the interviewer by correcting, challenging, telling the interviewer what to do, pursuing their own play agenda, interrupting and finishing interviewer’s sentences. This was when they were confident about the topic or the interview tasks. This was likely when they viewed themselves as of equal competence as the interviewer.

The children also expressed themselves in the role of “being adult” through guiding the interviewer and taking on the helping role by teaching and assisting the interviewer without asking. This was likely to be when they viewed themselves as more competent than the

interviewer. Opportunities to be able to freely move between these roles promoted their engagement in informal conversations. All the study children demonstrated a natural movement between these roles which were observed to be an expression of their comfort.

Some children engaged in baby like behaviours such as baby talk, imaginative talk, silliness and refusing to talk or answer. Accompanying these behaviours these children provided some conflicting information making it difficult for the interviewer to follow their line of thinking and determine authentic reporting. These behaviours were consistent with being a child younger than their actual age and occurred when they were observed or later reported being uncomfortable about a line of questioning. This would suggest for these children their felt insecurity was triggered resulting in the activation of their attachment systems. It is possible the expression of baby like child behaviours acted as a defence against overwhelming discomfort. Consistent with the comfort theory model these defences were activated to provide relief. This achieved the removal of the focus on the topic causing the discomfort.

The interviewer's acceptance of the children to move between roles without drawing attention to them, questioning these changes or forcing them back onto the topic provided children space to overcome their feelings of discomfort. If on the other hand the interviewer continued with the same line of questioning or reprimanded the children this may have acted to intensify their felt insecurity escalating the discomfort and hence the attachment behaviours.

Practice Guide: It is recommended when interviewing to provide a variety of opportunities for children to adopt different roles during the span of the interview. This may mean the provision of play activities, their own activities which they can teach and the provision of opportunities to negotiate, take control and make personal choices. Accept and do not try to change the roles children choose to adopt as they serve a purpose for that child.

10.3.6 Child Characteristics

Morison et al. (2000) identify early research with children has proposed children provide inconsistent, imaginative, unreliable reports and are incapable of authentic reporting. The characteristics of children, especially age, have often been the focus of research discussions in determining whether or not children are able to competently participate in research. Other

factors, however, such as the transparency of the research process and appropriate methods are suggested to facilitate competency (Brotherton et al., 2010; Mackey & Vaealiki, 2011; McAuley, 1996). There are many examples of children of many ages and backgrounds showing competency within research environments (see Christensen & James, 2008; B. Mayall, 2002; McAuley, 1996; O'Kane, 2008). Children's competency appears to have been underestimated and recent research is proving to change the limits adults place on children's competence levels through involving them more collaboratively in the research process (see Christensen & James, 2008). This shift in the assessment of children's competency however is often presupposed on children being interviewed using (child) appropriate methodologies (Morison et al., 2000). Brotherton et al. (2010) propose self-confidence, experience and specialised research methodologies remedy children's competency issues in relation to quality reporting.

Although the interview methodologies used in the present study both affected children's comfort and assisted children in their ability to manage their comfort experience, children were also reliant on the flexibility and adaptability of the interviewer to respond appropriately. This included making available new strategies, research tools and methods to assist them with their discomfort. This occurred often during the span of the present study at times when some of the children were observed to be challenged by discomfort caused by nervousness, boredom, frustration and threats to felt security.

Some of the characteristics of the individual children in the present study were observed to have an influence on their comfort experience and as a result the quality of their reporting. It is proposed the child characteristics can either limit or enhance the child's interview competence affecting their comfort experience. If the child has problems concentrating, for example, this may affect the child's ability to understand or respond to the interviewer's questions and hence impact on either the child's perceived competence or their actual performance within the interview.

The individual characteristics in the present study were aspects that were stable over the span of the study. The characteristics of the children in the present study which were found to have some effect on their comfort experience were: perceived and real language limitations, attachment misrepresentations, birth parent contact, and propensity to become bored, distracted or nervous and perceived placement insecurity. The artistic ability of a couple of

children in the present study was also shown to have effects on their comfort when engaged in a craft activity.

Artistic children were able to engage in and maintain relaxed conversational flows when engaged in a craft activity that extended their creativity which had the effect of increasing their comfort experience.

There was some evidence in the present study to suggest that age may have some effect on the comfort experience however it was not very compelling as it was confounded by many other factors. Three children were uncomfortable in Interview 3 which was designed to increase the level of sensitive questioning in comparison to the first two interviews. The design of the second part of the interview was anticipated to challenge the cognitive abilities of younger children. Two of these children were the youngest, the third child though older had a complex diagnosis including autism which was likely to compromise his mental age. The two youngest children were less comfortable with Interview 3 and this resulted in one of them using the STOP card and the other talking only about his friendships avoiding discussions about his birth parents and caregivers. The third child stopped the activity after becoming too sad and distressed. This could be attributed to the line of questioning being at a level outside of their cognitive skill set or the design of the methods. The third child, who was the oldest of the three, demonstrated times when he could think about how others thought or felt. The second and third child did not complete the interview activity. For these two other life events such as getting asked to leave respite care for behavioural issues may have acted to increase their felt insecurity prior to interviewing. This may have been especially in respect of their perceived competency (IWM – I am incapable) and their perceptions of the interviewer (IWM – untrustworthy adult). The other younger child had expressed a consistent fear about others knowing his information and his birth father finding out he had talked about him. These younger children therefore may not have been experiencing discomfort because of age rather because of the increased intensity of focusing on their attachment relationships with the effect of threatening their felt security.

Some children in the present study had a greater propensity than other children to become bored more quickly, to have difficulties in focusing on an activity or question, to become nervous, lack confidence, struggle with the meaning of the question and/or experience anxiety in their relationship with the interviewer. Some children reported a more intense relationship with the interviewer than others. Some of the factors that appeared to contribute to these propensities were: mental health status, the reliability and consistency of their birth

parent contact, and their perceived placement insecurity. Other factors were felt insecurity around competence and getting into trouble, attachment misrepresentations and language limitations. It is likely some of these characteristics of the children in the present study are unique to children in out-of-home care as influenced by their pre and in-care experiences and felt insecurity.

It is important to note at this time that not all of the characteristics which were observed to affect the children's comfort experiences of being interviewed in the present study are exclusive to being a child and could easily be applicable to adult participants from similar backgrounds. Irrespective of the age or experiences of participants it is considered there may be many complex interacting factors that contribute to the comfort of participants which can interfere with authentic reporting and the quality of outcomes.

The propensity to become bored, nervous or frustrated was observed to interfere with the quality of the reporting, resulting in silly, imaginative and/or conflicting responses or response reductions. Although these propensities are not unique to children in care these feelings appeared to create discomfort and increase threats to performance or competence - related felt security. Six of the children presented as extremely nervous at some time during the process but two of these children were older and progressively became more comfortable over the span of the study. Four children demonstrated ongoing nervousness. For two of the children this appeared to be related to fear about their interview competence (that is, getting it right and not getting in trouble). For one child it was felt insecurity, relating to who would be told the information and how would this affect her placement, which was of particular concern because she was in the gradual process of a planned restoration. The last child reported fear about getting in trouble if his dad or caregiver knew what he had said.

Two children who had the lowest MLUs reported that they did not like talking and answering questions. Sometimes during the three interviews this caused frustration, nervousness and reduced their response rate. One child answered all the questions required willingly yet was only able to do this once parallel play activity was introduced. The information provided by this child highlighted the notion that number of words spoken does not necessarily translate to the quality of the data. This child's responses although low in word count provided some rich data. Another child experienced frustration and engaged in avoidance behaviours when the questioning became too sensitive for him. The children with low MLUs did not engage in informal conversation flows, which were seen as an expression of the other children's

comfort with the interview topic and context. The two children who had the lowest MLUs both had a history of extreme neglect from a young age which included language deprivation. This could contribute to discomfort with talking and the unlikelihood of engaging in informal conversation flows.

For those children with higher MLUs informal conversation flows were deemed to be an expression of their comfort. This was evident as the MLUs of these children dropped when they were observed to be or reported discomfort reinforcing word usage changes as a potential sign of discomfort. This is consistent with Garbarino and Stott (1989), who report words are not always the most comfortable means of expressing problems for children which suggests they use words less often than adults.

Children's longest utterances were most often embedded within their episodes of natural conversation. Informal conversations were typically about children's concrete experiences. This is consistent with research that suggests this is the optimal communication style for children (Docherty & Sandelowski, 1999) and that "children's development and use of language are context-dependant – words are tied to actions and are embedded in on-going situations and relationships" (Garbarino & Stott, 1989, p.68).

Those children with a propensity to experience anxiety about separation and who quickly befriended the interviewer reported discomfort at the end of each of the interviews, and one child reported experiencing anxiety during the times between each interview.

The effects of felt insecurity on the comfort experience of children in out-of-home care in relation to the interview context is consistent with the findings related to the comfort theory model in the paediatric clinical setting (Kolcaba & DiMarco, 2005; Nilsson et al., 2011). In this theory they highlight the important role felt security plays in children's experience of comfort. The findings of the present study support the claim that children in out-of-home care are susceptible to threats to their already tenuous felt security. Researchers need to be mindful of the processes and interview topics that have the potential to exacerbate felt insecurity. Irrespective of the characteristic differences or varied pre and in-care experiences the children in the present study continued to demonstrate strategies to enact relief and transcendence to remove or overcome discomfort when their felt insecurity was activated.

Practice Guide: Interviewer competence is enhanced if they obtain knowledge of how developmental and mental health diagnoses of children in care present; and individualised information about the children they are interviewing. This specific information will prepare interviewers for the varying strategies the children may engage to maintain their comfort experience. The use of an Interview Profile is useful to serve this purpose.

The different characteristics of the children in the present study and their varying responses to questioning provide insights to address the primary research question and the ancillary question as to whether different methods can be matched to children who have various sensitivities. Although all children, irrespective of their characteristic difference, were able to engage in strategies to maintain their comfort, some children had varying responses to the interview methodologies and the research design. The present study demonstrated that some children in care can be more susceptible to threats to their felt security in relation to their perceived competence or relationship with the interviewer which are influenced by the structure of the interview or research design. An overall design factor of the interviews was the importance of incorporating parallel activities into the interview designs. This may also be considered important for children in general.

The identification of specific characteristics relevant to children in care contributed to the provision of insights into the ancillary question of what factors influence children's levels of comfort. The varying characteristics of the children in the present study were found to influence their comfort experiences.

10.3.7 External Factors and Ethical Concerns

Home Setting and Presence of Others: The findings of the present study were similar to the findings of other studies in relation to the home setting. Yee and Andrews (2006) discuss the inability of the researcher controlling which people are present or interactions and situations during the research process within the home setting. Low income families may live in homes that are small and may not be able to offer private space (Matutina, 2009). These circumstances can jeopardise confidentiality through sibling interruptions and conversations being overheard. Yee and Andrews (2006) identify the home setting at times increased the intensity of the private information revealed to researchers by caregivers. Trusell (2008) identifies the challenges of finding a private space within the home setting. He questions the appropriateness of the child's bedroom and highlighting it as a factor of disagreement with researchers. Some suggest the child's bedroom as an appropriate setting as it can minimise

interruptions and safeguard confidentiality (Valentine, 1999 cited in Trusell, 2008) but others contend that it as an intrusion into the child's private space (Barker & Smith, 2001 cited in Trusell, 2008). Within work practices it can be considered unsafe to interview children alone in their bedrooms as there is the potential of exposing interviewers to the risk of allegations of abuse. The matter of privacy within the home setting is a complicated issue with many challenges.

These factors were reinforced in the present study where setting choice was often limited to a shared space with others or the child's bedroom. For eight of the children in the present study the home setting was their preference, four children opted for the school setting, because it would get them out of school work and for one child he would feel he was special because the interview would take place in the Principal's office. Despite the limitations, the home setting, or another natural setting, has been suggested as more comfortable for children who may be shy or embarrassed (Morison et al., 2000). To expand on the findings of Morison et al. (2000), familiarity, perceived safety and security could be considered to be the motivation for the interview setting choices all the study children made.

Caregivers can experience a conflict between respecting their child's confidentiality and thinking that the child may feel increased confidence if the caregiver stays with them during the interview, thereby protecting their child from being alone with a stranger (Yee & Andrews, 2006). The home setting further intensifies the complex researcher-caregiver relationship (Trusell, 2008). Caregivers may feel challenged about treating children as autonomous, and may feel cautious or nervous about their parenting practices, or the research process, and feel they have the right to know everything about the child's conversations (Trusell, 2008; Yee & Andrews, 2006). Morison et al. (2000) state the child is negatively or positively affected when significant others are present at the interview. These findings were confirmed by the present study.

In the present study the home setting and the presence of significant others gave rise to similar challenges as other researchers have found. The children's preferences for caregiver presence in the present study indicated mixed results and appeared to be an individual preference for some of the children. One child preferred to have her caregiver close by and shared with her consistently throughout the interview process. For this child the absence of the caregiver from her sight increased felt insecurity typical of some children in out-of-home care. One child had her birth father and aunty within hearing and conversed with them during

one of the interviews. There were, however, occasions when children were disturbed by the presence of others. This was in relation to the caregiver or siblings. In the case of the siblings, study children were verbally loud in their requests for them to leave resorting to their usual style of communication with their sibling. One older child, when interrupted by other older cousins who were visiting, stopped talking. This instigated the negotiation between the child and the researcher for a more private space for interviewing with the child opting for his bedroom. In the case of when caregivers interrupted, the children stopped talking. Some of the children reported they were worried about getting into trouble by saying the wrong thing. The children's fears and perceptions about caregivers became more obvious in their reports in Interview 3. A few of the children feared getting in trouble with their caregivers as they perceived their caregivers did not really want or love them especially when they were angry at them.

Christensen (2004) discusses the issue of caregiver interruptions noting that it automatically removes attention from the child, but she also suggests that if the interviewer ignores the caregiver, and remains focused on the child, this can express the interviewer's genuine interest in the child. She indicates there is a tendency for adult-adult conversations to automatically take preference over the interviewer-child conversation. This she suggests can reinforce the power inequalities between the interviewer and the child participant.

In the present study there were many caregiver interruptions. This appeared to be driven by caregivers concern for their child's behaviour and worry about their emotional state. One caregiver consistently interjected (sometimes at the request of the child) with the protective aim to prompt the child in answering the questions. This was sometimes helpful in increasing the quality of the information but was at times unhelpful in the development of rapport and trust between the interviewer and the child.

The challenges of remaining focused on the children during caregiver interruptions were especially noticeable in the beginning stages of the research process in the present study. In part this was because of the need to build rapport with the caregivers, in their caregiver role, but also because the caregivers were also participants, involved in the provision of outcome data. It seemed unnatural to ignore an adult yet often the child and the caregiver were speaking at the same time. After the caregiver data collection stages were completed it was easier to focus solely on the child, because the caregiver was no longer an active participant in the research process.

The findings of the present study replicate the findings of other studies that reported the home setting can present a number of challenges to authentic data collection and the comfort experience of children. It became evident in the present study that these challenges, although difficult to navigate, can contribute to increased insights about children's felt security through the children's interactions in their natural environment and in their family relationships. This setting provided opportunities to observe the external factors of environment and family presence on their comfort experience. Only one older child was observed to seek greater privacy and expressed frustration because of sibling interruptions. The majority of the children demonstrated an acceptance of the interview setting with some a clear preference for the home setting to facilitate their comfort.

Consent and Confidentiality: Although confidentiality and consent concerns form the backbone of ethical research, these appeared less of a concern for the children and caregivers as their home setting promotes long established communication pattern. Christensen (2004) refers to these patterns as their "culture of communication". It is also important to understand the culture of communication of the family/whānau.

In the present study six of the participating children/tamariki is Māori. All the children were in kinship (family) care, living with their grandparents. It was deemed important to recognise the cultural differences and to acknowledge that by entering the home environment the researcher is participating in the long established culture and traditions embedded in the home environment irrespective of whether the family are from a different ethnic group. This was evident in the present study when one child was particularly pleased when the researcher, birth mother and caregiver all met for a cup of tea and biscuit the day before his third interview. Until this point he had been resistant and avoidant within the interview setting. The time spent with his whānau reduced his level of resistance to the interviewer's questions in the following interview contacts, seemingly because of an increased rapport and trust because the interviewer had shared a normal and culturally appropriate social interaction with his family. He represented one of two children who had regular contact with their birth parents and expressed the desire for the interviewer to meet the birth parents. One caregiver (Māori) expected it was a necessary part of working with her child. When conducting research with Māori and their whānau it is crucial to understand and work within the Māori research paradigm (Cram, 2001 cited in Cram & Kennedy, 2010; Lawton et al., 2013). The following culturally appropriate practices are recommended for research with Māori:

“Aroha ki te tangata - a love for the people; He kanohe kitea - being a face that is seen; Titiro, whakarongo ... korero - looking and listening well before speaking; Manaaki ki te tangata - sharing, hosting, being generous; Kia tūpato - being careful; Kaua e takahia te mana o te tangata - not trampling on the dignity of people; Kia māhaki - being humble” (Cram, 2001, 2009 cited in Lawton et al., 2013, p.256)

Integrating these principles into research practice not only honours the relationships with the participants but also contributes to the understanding of the natural family/whānau conversations, social interactions and traditions which occur between the family/whānau members and the child/tamariki. These can be useful in teaching the researcher/interviewer how to work better with the child/tamariki and their family/whānau through genuine relationship.

In the present study the differences between the caregiver and children’s expectations of who would hear their information and the ethical confidentiality commitments became evident and an issue of prominent ethical concern. The family/whānau culture was observed to have an effect on the children’s and the caregiver’s expectations and attitude about information sharing. Cultural expectations about children giving consent and confidentiality were embedded within these family/whānau cultures. This was reinforced by five children reporting they did not see the research information sheet and three identifying they did the research because they were told to and it would help other children. This later finding is consistent with Morison et al. (2000) who reported children often participate because parents suggest their participation will be of benefit to others.

The extent to which the view of confidentiality and consent vary within Western and Māori cultures may also contribute to the differing attitudes between the children and caregivers regarding consent and more specifically, confidentiality. The children of Māori descent were more at ease, expectant and reported greater comfort with the sharing of information with their caregivers. This would be consistent with the kaupapa Māori paradigms of Māori whānau or “group” ownership of information and confidentiality (Cram & Kennedy, 2010). It was however a common expectation across all the children that at some level information would be shared. This may be typical of children living with their grandparents (as the children in the present study were) compared to children living in foster care. It would be expected these children had early attachment experiences with their grandparents and

therefore the concept of confidentiality, that is, of not telling caregivers, was one that was unnatural to all of the children and caregivers in relation to the culture of communication within their home setting, irrespective of ethnicity.

The home setting and the children's desire to share their pseudonyms with caregivers made the notion of confidentiality somewhat redundant. This was the practice of all the children even though two children reported there was some information that they did not want their caregivers, or others, to know. This was typically information they perceived might alter their caregiver's view of them or get them in trouble. For this reason the caregivers were provided, in the final home visit, with the generalised member checking form (described in Chapter 4.18) to provide them with an overview of all the children's reports. This ensured the caregivers were unable to identify directly what their children reported however respected their need for understanding.

The fear of "not knowing who would see" and/or "what the consequences of information sharing" might be was relevant to all the children. This was evident in children's attention to, and some children's wariness of, the recorder. As there was no comparison group in the present study it is difficult to know if these heightened concerns are particular to children in out-of-home care. These concerns however were consistent and resistant to reassurance from the interviewer. These concerns, however, activated the felt insecurity in all of the children at some time over the course of the research process.

It has been noted children may find it difficult to dissent, withdraw or disagree because of their subordinated role (Brotherton et al., 2010; Fernqvist, 2010; Punch, 2002). This is thought to be especially relevant for children in out-of-home care as it is common for them to have their concerns about their care and other matters that affect their lives disregarded in favour of others, such as caregivers, lawyers, practitioners, policy makers, reports Holland, (Holland, 2009), some of whom have never met the child (Cashmore, 2002). Self-awareness, observational vigilance and reflection within the research setting are required to identify and act on the "subtle non-verbal signs of withdrawal" (Alderson et al., 2006; Eriksson & Näsman, 2012).

The process of gaining consent from the children presented an ethical dilemma at times. A few children reported late into the research process that their caregivers made them do the research, even though written consent had been gained from the child by the researcher at the start of the process. These ethical concerns were more easily overcome through the design of

multiple interviews and the protocol of obtaining ongoing consent. This facilitated a continual dialogue about consent (Dockett et al., 2009). Consent was checked for at the beginning and ends of each interview and at times during the interviews, especially if the child was observed or reported discomfort. It appeared that by being asked if they wished to continue or finish the interview at these times it increased their sense of control and comfort. This was evident with one child who was sobbing, when asked if she wanted to finish said “no it is alright I just miss my mummy so much”. Later in the interview she reported it helped her to be able to talk about it and be listened to. The Eriksson and Näsman (2012) and Ellonen and Pösö (2011) studies on talking to children about violence also reported that sometimes the discomfort of sharing is alleviated by the release of sharing.

Practice Guide: The use of a STOP Card is an essential means of validated the children’s right to stop. It also provides a suitable non-verbal method to withdraw consent.

A further example from the present study was a child who in the early stages of interviewing became embroiled in a power struggle with the interviewer, over his preference for the play agenda and the interviewer’s for the interview agenda. He was resistant to answering questions and identified it was his caregiver’s idea to participate in the research. His actions constituted an expression of his need for a sense of control and autonomy but more importantly his withdrawal of consent. When asked if he wanted to opt out of the research, he declined. He weighed up the costs (the boring talking bits) and the benefits (the fun activities and the one on one time with the interviewer). At one stage he used the STOP card. At another point he negotiated with the interviewer for her to buy some Yu-Gi-Oh cards for him to make doing the research worthwhile. At the post-interview measure interview the caregiver reported that the child did not really understand the purpose of the research project. This child in the initial contact reported he was worried about getting his family in trouble, and in retrospect this could have been handled differently by the interviewer. Overall the child reported the research and his relationship with the researcher enjoyable. This case demonstrates the difficulty of consent issues with some children and highlights the necessity of continual dialogue and renegotiation with the children throughout the research process. It also highlights the ways in which children are able and willing to negotiate the power relationship, retain a sense of control and autonomy and participate in a transparent dialogue surrounding challenges to the interview relationship and the interview tasks.

The question of whether children felt able to withdraw from the research (Brotherton et al., 2010; Fernqvist, 2010; Punch, 2002) was demonstrated by the child discussed above as well as other children in the present study through their ability to use the STOP card provided to them. It may be that through the provision of a nonverbal means of stopping the interview, it assisted them by validating it as an acceptable choice.

Some children struggled to understand the aim of the research project as a whole with children questioning why the interviewing was being conducted. At times these issues arose late into the research process. This raised the issue that some children, possibly because of nervousness, missed repeated attempts to clarify the purpose of the research. This has a potential to nullify the consent of children if they are unsure of what they are actually consenting to. This was reinforced in one caregivers report in the post interview measure who stated her child was still unsure of the purpose of the research. It was not recognised until the last post-box activity that some of the children had not seen the research information sheet which had been designed specifically with children in mind. Although the interviewer discussed with children their choice to participate it was assumed all the children had previously seen the research information sheet which was posted to the caregiver prior to engagement. Within the present study attempts were made to address the children's lack of clarity about the purpose of the study by the use of simplified explanations and allowing children to see their transcripts of the audio recordings. This was hoped to alleviate their concerns regarding confidentiality as well. This issue was not suitably resolved in the present study and it is still unclear what the children understood about the purpose of the research project and how this may have affected their comfort experience.

Confidentiality was shown to be a concern of the majority of the children in the present study which caused them discomfort at times during the research process. For some children it was more significant than for others. It was a discomfort that was resistant to relief or transcendence. The issue of confidentiality is one which highlights the recognition of children as susceptible to imbalances of power in relation to the ownership of their information. It impacts on their sense of little or no control over their information, which can create discomfort. It is likely this was accentuated by their historical pre and in-care experiences of information sharing. Although there was fluidity of power evident by the roles children flexibly adopted throughout the study (Christensen, 2004), lack of power in respect of their knowledge and expressions was more stable and intense. This was evident by children's

resistance to believing they were safe from any negative consequences as a result of sharing and having their information recorded.

Practice Guide: Issues of confidentiality and consent need to be explored in depth with the children and the families and be implemented in culturally appropriate ways. Repetition of explanations may be necessary and on-going consent is required for each new contact and sometimes each new discussion activity. The act of gaining consent and addressing confidentiality concerns is an on-going process throughout the span of the study.

Recording Children: A recorder was used in the present study to make life easier for the researcher and hence became a tool representing power inequality because it was always in the interviewer's control (Christensen, 2004; Hunleth, 2011). Although children were allowed to experiment with the recorder and one child was allowed to interview the interviewer, children asked for this and the interviewer gave permission for it and hence retained the position of power. All the children were very aware of the recording device with a couple of them very uncomfortable about its presence. Seven children reported the recorder did not make a difference to what they said, three children reported it helped them say more and two reported it stopped them from talking more. These reports are confirmed by the children's observed behaviour during interviewing. One child would not continue the interview until they heard the recording; one child had to hide the recorder as it upset him so much. Others reported they liked it yet checked or commented on it often when they were sharing sensitive information.

Some researchers suggest children's social positioning places the decisions about the level of their participation in research in the hands of adults (Christensen & James, 2008; Hill et al., 2004; Mayall, 2002; Woodhead & Faulkner, 2008). This is likely to reinforce the lack of autonomy experienced by children, especially those children in out-of-home care, who have often experienced a sense of loss of control and autonomy (Mitchell & Kuczynski, 2010). The discomfort experienced by some of the children in the present study demonstrated this sense of lack of control and autonomy in relation to their personal information. Because the children did not know what the consequences would be of sharing in the interviews, and because of their previous experiences of talking to adults, who had control over the decisions made about their placements, their discomfort was likely to be increased. This is likely to be

more prevalent with some children in out-of-home care depending on their pre and in-care experiences as Mitchell and Kuczynski (2010) suggest.

Hunleth (2011) discusses ways of working with the recorder when interviewing groups of children and highlights the need to approach the act of recording sensitively. This was evident in the present study. Relief could have been provided by removing the recorder, and in the case of the child where he decided to hide the recorder from his view, he then achieved transcendence, by overcoming his fear. This may have occurred because the issue demanded the attention of the interviewer and therefore was problem-solved collaboratively with the child, which provided the child a sense of control over the recorder.

In consideration of the ancillary question of what the factors are that influence children's comfort, children's concerns for confidentiality emerged as an important factor for consideration when interviewing children in care. All the children in the present study demonstrated a concern for the unknown consequences of the information they shared. Although confidentiality was a term they understood they did not appear to comprehend how the mechanics of confidentiality worked and how their reports would affect their daily lives, relationships and care placements. These concerns are likely to be ones that are relevant for children in care and less so for children in the care of their parents. These findings emphasise that the use and presence of the recorder is a factor that can prime felt insecurity for children in care. This is because they are more susceptible to experiences of negative outcomes when sharing information with professional adults.

Practice Guide: Fear of recording must be dealt with sensitively by involving children in problem-solving the challenges associated with recording the interviews. This optimises opportunities to increase their sense of control. Knowledge of whether children have prior experience of forensic interviewing is important to ensure sufficient reassurance and information regarding interview differences is provided.

Follow-up Care: A further ethical issue which presented in the present study was leaving the participating families without sufficient supports for the problems they were experiencing with their children. The majority of the caregivers reported having extreme challenges and few resources to manage their child's behaviour, especially in the school setting. The majority also reported that they participated in the present study as they were desperate for

anything that would provide them with some understanding and knowledge about how to ensure their children would go on to have successful lives. Although most of the caregivers had contact with helping agencies they were often left to soldier on with little or no real solutions.

The majority of the children in the present study reported the difficulties they had coping within the school environment. These difficulties included being able to “be good” (not violent, noncompliant or stealing) and “make and keep friends” (not be bullied, be isolated and lonely). Some of these children reported that these were harder issues to cope with than missing their parents. Continual failure to succeed in overcoming these issues is likely to reinforce the IWMs of these children as “bad and unlovable” affecting their future progress and relationships. Tarren-Sweeney (2010a) discusses the inadequacies of the mental health system when managing the complex issues of children in care. He identifies the need for greater knowledge, specialised skills and systems to support these children and their families fully. The findings of the present study reinforce his recommendation for a greater “continuity and certainty of care” for children in care (Tarren-Sweeney, 2010a, p.615) than is currently available both within the mental health system and the education system in Aotearoa New Zealand.

10.3.8 Summary of Participant Comfort and Interviewing Children in Care

The following is a summary of the outcomes generated from the reported data of the present study. These are in relation to the children’s comfort experiences and factors suggested to influence this comfort.

- Interviewer skill is integral to children’s comfort experience. Interviewer comfort, ability to be attuned to the child’s needs, their communication style and use of communication strategies contribute to interviewer skill.
- The interviewer’s role is less likely to affect children’s comfort if it is flexibly and naturally adopted in response to the child.
- Children in care are competent to self-manage their comfort experience but this is somewhat dependant on the interviewer’s skill and the interview design.
- The roles children adopt can be an expression of their comfort as well as a means to facilitate their comfort. The provision of opportunities for children to express themselves in a variety of roles can contribute to greater comfort.

- Some characteristics unique to children in care make them susceptible to felt insecurity and can disrupt their comfort experience when being interviewed.
- External influences and ethical issues have the potential to cause discomfort for children in care.
- Children's engagement in informal conversation flow is an expression of comfort and engagement in the interview process.
- Aspects of the interview and research methodologies can influence the comfort experience of children in care. Parallel activities are crucial to allow children to self-manage their comfort experience. Interview scheduling needs to be pre-planned and predictable for children in care.

10.4 Data Collection Methodologies

There are diverse opinions about how children should be treated in research. One end of the continuum is that if children are viewed as vulnerable and incompetent then specific methods and ethical standards are required (Ellonen & Pösö, 2011; Kirk, 2007) because they are seen to require greater protective measures. The other end of the continuum is that if children are viewed as competent social actors with agency then they have the same research requirements as adult participants (Ellonen & Pösö, 2011; James et al., 1998) and children do not need specialised methods (Kirk, 2007). It is recognised researchers need some understanding of the development of children in relation to:

Linguistic, cognitive and social skills and to understand motivations, goals and coping strategies change over time and can profoundly influence their conduct during an interview, including their ability and willingness to share their thoughts and feelings with the interviewer (Hughes & Baker, 1990 cited in Morison et al., 2000, p. 118).

This statement is consistent with the findings of the present study. The outcomes of the present study provided greater understanding of the ways in which children responded to the interview context and in relation to the interviewer. Children's expressions of nervousness at the beginning stages of the interviews were likely to be in reaction to the daunting task of managing a complex social interaction successfully.

Although the majority of the children in the present study were willing to share, for some children their own language limitations challenged their ability to do so, thus increasing their discomfort. For some children, their limited vocabulary and comprehension presented a

language challenge, and this hindered their ability to express themselves. These challenges were easier to overcome by adapting the language and explanations used in the interview. For other children their verbal responses were observed to be affected by low confidence and an over concern that they would not say the right things in the right way. This constitutes a performance issue rather than a competence issue (Wichmann, Coplan, & Daniels, 2004). Challenges to performance were observed to affect some of the children's self-perceived competence. For one child it became evident that her thought processes were so occupied with what she should say, her responses were often "I don't know". Two children (both 8 year old girls) were observed to be challenged by this more often than the other children. The cognitive processes related to the IWMs of these children, particularly self-perceptions of being incapable or incompetent, presented challenges to children's participation and comfort experiences. This affected their willingness to attempt to share, which resulted in increased "I don't know" responses and episodes of not responding.

The coping strategies the children used in the present study remained consistent over the span of the study. These influenced their comfort experiences and therefore the way they engaged in, and experienced, the research process. In terms of comfort theory the coping strategies provided relief and transcendence at times of discomfort, enabling children to continue their participation over the span of the research process.

Most recent literature suggests that data collection methods used with children need to sustain interest, be fun and lessen the risks of power imbalance to be effective (Kirk, 2007) and incorporate "doing" activities (Ivey and Ivey, 2003 cited in Cameron, 2005). Amaya-Jackson et al. (2000) suggest the methodologies used in a study may determine the risk of discomfort for participating children. Researchers have identified further work is required to find better ways to hear the perspectives of children through the development of robust and well tested methods (Brodin & Stancheva-Popkostadinova, 2009; Roberts, 2008).

The present study explored the effects of varying interviewing methodologies on the comfort experiences of children in care, with the view to determine how to design studies with children in care that promote their wellbeing and minimise ethical risk. A number of designs were trialled in the present study. These included: a survey style (Interview 1 - Journal); a free choice style (Interview 2 - parallel activities and child chose topic order); a participatory style (Interview 3 - topic embedded within the activity); and a post-box style activity, based on the Harter (1982) perceived competency scale.). Sensitive topics were introduced

progressively over a series of interviews to monitor the effects of sensitive topics on the children's experiences of comfort.

10.4.1 Interviews - Conversational Methods

When conducting research with children, irrespective of the methodology used, it is likely there will be the need for researchers and children to engage in verbal exchange. Children of a diverse age range have been shown to be competent conversationalists in an interview setting (Christensen, 2004; Christensen & James, 2008; Harden et al., 2000; Mayall, 2008; O'Kane, 2008), even when the conversations are about sensitive pre and in-care experiences (see Biehal et al., 2010; Cashmore, 2002; McAuley, 1996). The outcomes of the present study confirm the competence of children to converse in the interview context about potentially threatening topics to their felt security while maintaining their comfort.

Over half of the participating children identified themselves as Māori. When considering working with Māori under the Māori research paradigm (Cram & Kennedy, 2010; Lawton et al., 2013) there is aspects of the research design that become more important. A common thread in the principles of the Māori research paradigm is the emphasis on the importance of respectful relationships. Any methodologies, especially the data collection methods, require consideration of how these research relationships and the outcomes can be honoured. As an example, when considering the principle “He kanohi kitea - being a face that is seen” the interview methodology that is face-to-face provides a preferable means of communication. When asking for children and their caregivers for personal information, doing so face to face, is a more appropriate and respectful method (Whiting, 2000; Whiting & Lee III, 2003), than sending out surveys.

Several studies suggest that child-led informal conversations allow children to freely express the topics of concern to them (Davis, 1998; Eriksson & Näsman, 2012; Harden et al., 2000; Mayall, 2008). The present study confirmed these findings when the children self-initiated discussion about topics related to felt security and engaged in a conversational style. This reinforces the notion that children are able and willing to provide relevant information within the research context (Whiting, 2000; Whiting & Lee III, 2003). For the majority of the children relaxed conversational flows were accompanied by increased comfort from which rich authentic data could be obtained.

The question of whether and how parallel activities are incorporated into interviews with children has been debated amongst researchers. James et al. (1998) suggest:

Engaging children in what might be called “task-centred activities” which exploit children's particular talents and interests might provide a better way of allowing children to express their ideas and opinions than the use of more “talk-centred” methods such as interviews or questionnaires.

Hill, Laybourn, and Borland (1996), however, recommend it is better to provide a balance of task-based techniques and straight forward conversation, using the activities as a stimulus for talk rather than as data collection tools. Harden et al. (2000) noted that parallel activities could reduce pressure on children to talk by allowing children to reduce the level of eye contact with the interviewer. In this way it was suggested the parallel activities may act as a time out to and facilitate relaxation. They found the use of parallel (task-based) activities acted as a prompt to natural conversation about children’s experiences. The findings of the present study contribute to this argument and are discussed below.

Perceptions of what constitutes optimal interview duration with children vary across researchers. Interviews longer than 30 minutes are thought to place too great a demand on a child’s concentration (Faux et al., 1988; Morison et al., 2000). In the present study the interview duration did not influence reporting quality yet it did appear to be an expression of the children’s comfort. All the children stayed engaged for a substantially longer time in the free choice activity (Interview 2) which maximised choice and a sense of control over the topics and activities. Two of the children, both boys with a propensity to become bored, spent more time on task in the participatory style interview (Interview 3) than in Interview 2. Although the interview time was much shorter than in Interview 2 the participatory style facilitated an increased quality of response with substantial increases (threefold for one and double for the other) in their on topic discussion.

Practice Guide: Informal conversations were the optimal form of communication for the majority of the children. The optimal interview methodologies would therefore be those that promote and provide opportunities for informal conversations to occur.

10.4.2 Participatory Approaches and Participatory Tools

Participatory approaches have been deemed by some researchers to be a more ethical method when involving children in research but others have suggested they create just as many challenges (Allmark, 2002; Clavering & McLaughlin, 2010; Coppock, 2011; Gallacher &

Gallagher, 2008; Harden et al., 2000) and risk obscuring ethical dilemmas (Gallagher & Gallagher, 2008).

To explore the use of participatory methods with children in care the findings of the present study will be compared to O'Kane (2008) study with children in care as it provides a comprehensive discussion on the strengths and limitations of the participatory design as used with children in care. She suggests that children have greater control over the information they wish to share through the use of participatory designed studies. The children in the present study, however, demonstrated control over the information they wished to share irrespective of the interview method. This was evident in their decisions to offer or withhold responses to questioning that had the potential to threaten their felt security and cause them discomfort.

O'Kane (2008) identifies what she sees as a weakness of the participatory design in that children can avoid discussing topics for reasons unknown. The findings of the present study would suggest that the children avoided topics that were of a personally sensitive nature and this threatened their felt security. O'Kane (2008) used a participatory model to explore decision-making with children in care. This topic had less potential to threaten children's felt security than children's attachment relationships, which is the focus of the participatory activity in the present study. The participatory activity used in the present study was accompanied by direct questioning and this direct focus limited the opportunity for the children to completely avoid sensitive topics. As a consequence some children used strategies to manage discomfort related to threats to felt security. One of the strategies children used was the use of parallel activities. The participatory (doing) nature of the activity did not alone provide the opportunities for some children to effectively divert from the topic to maintain their comfort. This may have been why children did not respond to particular topics in O'Kane's study. The participatory style of the activity restricted the ability of children to take 'time out' from the topic resulting in overwhelming discomfort for some of the children. This resulted in the children not completing the interview task. For some of the children, however, the enjoyment of the activity outweighed the discomfort of talking and thinking about their attachments relationships.

The two boys discussed above responded well to the participatory design. The commonalities they had, which could be attributed to this, are as follows. Both the boys had a propensity to become easily bored with answering questions, were distractible and had a preferred

conversational style about the concrete events in their lives and/or past experiences. They both completed the participatory task and maintained comfort throughout. Neither chose to decorate the people but rather got the interviewer to name them, stating they wanted it done as quickly as possible. One of these boys could not sit still and paced around as he responded. He reported this activity was not the most fun but that it was the best because he did not get distracted as much. The participatory style was effective in stimulating natural conversation in the form of stories from both the boys. This was not so for a child who also had the same characteristics as the boys mentioned above. The key difference between her and the boys, other than gender, was that her distractibility was more likely to be related to her reports of discomfort (anger, confusion, anxiety). She also had a propensity to befriend the interviewer. When engaged in the participatory activity she sought extra parallel activities to divert her discomfort.

In comparison to the participatory activity, the free choice activity used in the present study allowed children the freedom to discuss topics related to felt security at their own pace (McAuley, 1996) in their own order. The child chosen parallel activities were sufficient to provide time out and hence distraction from, uncomfortable discussions.

Practice Guide: Participatory activities, if including sensitive topics, require additional parallel activities to allow children to take time out from the topic. Participatory activities can be particularly useful for those children with a high propensity for reporting boredom and/or becoming distracted. This participatory model also suits children with a preference for recounting their experiences through conversations.

10.4.4 Multiple Methods

The use of multiple methods in research with children is becoming more popular (Freeman & Mathison, 2009; Woodhead & Faulkner, 2008). Multiple method design is thought to support the diversity of participants' characteristics, competencies and natural styles (Freeman & Mathison, 2009). The use of a variety of methods has been suggested to enable the evaluation of the usefulness of those methods (Hazel, 1996; Morrow, 1999 cited in Punch, 2002). This is consistent with the findings of the present study.

The variety of methods used in the present study provided opportunities for children to demonstrate the ways in which they best expressed themselves and maintained their comfort

experiences. It also helped in identifying the differences in characteristics, competency and the communication styles of the individual children. The following are examples of this from the present study and further discussed through-out the chapter. Children who were artistic, when engaged in craft activities, expressed themselves more fluidly through informal conversations. Participatory activities were found to be more suitable to children that had an increased potential for reporting boredom and/or becoming distracted. Task difficulty reduced response rates and was less comfortable for children with a propensity to experience felt insecurity in relation to perceived competence and performance.

Multiple methods are often used to gain various perspectives from different informants with the aim of cross-checking data (Lucchini, 1996; Morrow, 1999 cited in Punch, 2002). In the present study the information provided by the caregivers highlighted the varying perspectives between themselves and their children. Caregivers were more able to provide information on children's externalised problem behaviour and complex histories than were the children. This facilitated the development of a more comprehensive picture of the child than a single source report from the child could have provided.

The use of multiple methods in the present study facilitated the response to the ancillary questions, relating to which methods and factors influence children's comfort and whether caregiver reports were useful to the design of a comfortable interview experience for children. These insights were gained by the comparisons of the varying methods in application to the factors identified to contribute to the comfort experience.

10.4.5 Parallel Activities

The inclusion of parallel activities in the interview design was crucial to the children's experience of comfort. Children actively sought out parallel activities and for some children this occurred even when the interview followed a participatory activity design.

Parallel play activities have been suggested to promote rapport if they suit the preferences and abilities of the child (Irwin & Johnson, 2005). All of the children in the present study reported enjoying the activities. Two of the children reported they did not enjoy answering the questions and four identified they did only some of the time. The children considered doing the fun activities as one of the benefits of doing the research and for most of the children this outweighed the cost of having to answer question. Some children reported they liked the interviewer because she brought them fun activities. This is consistent with the

notion that parallel activities can assist with the building of rapport by promoting a more enjoyable and/or comfortable interview environment.

Parallel activities can have their use as props or prompts (Docherty & Sandelowski, 1999; Singer et al., 2004) to promote conversation. The majority of the children in the present study used their Journal as a prop to aid their conversation but some children were more reliant on this. Equally, the Journal was a prompting tool for the interviewer to glean information from these children. These children were those who were typically less confident with their conversation because of nervousness or language limitations. It was difficult to confirm these reasons, because other children who were nervous (due to low confidence or felt insecurity), and others who had limited language, were less reliant on the Journal as a prop. Overall the children's Journals in Interview 1 were useful as a prop and prompt for stimulating natural flows of communication.

In the present study, irrespective of methodology, the difficulty of tasks interfered with the comfort experience and primed felt insecurity in relation to perceived interview competence and performance for some of the children. The more difficult tasks also interfered with the quality of the data as they required too much concentration, which distracted the children from responding. Age did not appear to be a factor in this.

There is little argument that task based activity has been found to be useful when communicating with children in research (Cameron, 2005; Harden et al., 2000; Punch, 2002). There is some difference of opinion though on how task based activities are best implemented, that is whether they are participatory or parallel activities. Harden et al. (2000) proposes that activities are best implemented parallel to the interview as a stimulus for conversation rather than as data collection tools. This is supported by the findings of the present study.

Nilsson et al. (2011) identified that distraction activities provided an effective strategy to enable children to cope with an unpleasant situation. The distraction activities allowed the children to gain a sense of control over an unpleasant experience by shifting their attention to something pleasant. The distraction activity increased the children's feelings of security and engagement (Nilsson et al., 2011). This is confirmed by the findings of the present study where children also used parallel activities to distract themselves from the experience of discomfort by shifting their focus to a pleasant activity. This increased their engagement in the interview process over the span of the interviews by relieving their experience of

discomfort. This was reinforced in Interview 3 where some children, when distressed, sought out parallel activities in addition to the participatory activity that was already included part of the interview process. The children's use of the parallel activities as tools for distraction promotes relief and transcendence and is consistent with the comfort theory model.

The use of parallel activities emerged as a critical factor in facilitating children to self-manage their comfort suggesting children are able to be interviewed about sensitive topics whilst maintaining their comfort experiences.

Practice Guide: Parallel activities provide a crucial tool for allowing children to self-manage their comfort. A diverse range of “fun” activities should be made available for children to engage in irrespective of the interview task.

10.4.6 Projective Activities

Projective activities such as art, plasticine and puppets have been identified as useful tools to use alongside interviews especially when children have “language delays, communication difficulties or emotional blocks” (Cameron, 2005, p.606). Learning through play has been well researched (Brooker, 2011) but the ways in which play facilitates talking about potentially upsetting topics is less well researched. Carroll (2002) in her study about children's perceptions of play and talking, within a therapeutic setting, identifies that some children experience discomfort with talking. These children viewed playing as a pleasant distraction which made the talking less painful. Carroll (2002) states that the attentiveness of the therapist at the times of play may have contributed to the sense of shared fun, which in turn facilitates children's experiences of fun. Having fun within the “thoughtful and sustaining relationship was the most significant aspect of the therapeutic process” (p.1). She also identified children reported a sense of control in the playroom and that their preferences were “valued and respected” (p.182). For some children play helped them to think more deeply about their problems. Even so, universally, the children considered play as “just fun” (p.182).

The findings of the present study are consistent with the literature; the projective and parallel activities were reported by all the children to be fun. Early reports from children of their preferred activities informed the choice of activities in the interviews. This ensured the activities were consistent with what the children enjoyed and what they reported as fun. The

children enjoyed the one on one time with the researcher and expressed their enjoyment of joint play activities with the researcher through laughter and increased comfort. The majority of the children in the present study reported they liked the talking but some of the children reporting liking it only some of the time and two did not like it any of the time. This suggests children prefer doing and talking rather than just talking and supports the findings of other researchers (such as Cameron, 2005; Harden et al., 2000) in relation to the use of activities to stimulate deeper and more natural conversation whilst increasing comfort.

In Interview 1 Blu tack had been used to indicate which comfort measure was applicable but it became clear that all the children enjoyed playing with it. It was used in many ways from fiddling with, to rolling up and flicking, to making things out of it, to sticking things together. It provided a suitable parallel activity for children acting to sustain interest and increase comfort. As a result plasticine was added to the parallel activity toolbox as it replicated the blue tack but had the extended potential to be used in more ways (e.g. making animals). This was a fun activity for all the children and presented a challenging craft activity for the artistic ones.

The use of stickers was responded to well by all the children in the present study irrespective of their age or gender. The stickers were used both as a parallel activity and to mark the end of a topic. When used to mark the end of a topic they were found to be useful in bringing some of the children's attention back to the interview discussion when they had been distracted. The children asked for and were interested in the stickers. Sheets of stickers were often left with the children at the end of interviews. This demonstrated the added value of the use of stickers as an item to show appreciation for children's participation and subsequently assist in enhancing rapport.

Puppets were provided for children as parallel activities in Interview 2. A variety of male/female/young/old people sock puppets were made available for Interview 2. In Interview 3 store bought animal puppets were available if children asked for a parallel activity. During the present study some children used the people puppets for talking and answering questions. This was presented as an option at the beginning of the interview should the child want it and was sometimes used as a prompt by the interviewer when a child appeared stuck. The animal puppets were not used for this purpose. Children showed signs of using the animal puppets more for play accompanied by animal noises rather than using them to talk with. Three children who had language limitations used the people puppets to respond

to sensitive lines of questioning. At some stages children self-initiated the use of a people puppet to answer a question. The use of the puppets as a talking tool to help children better express themselves was unanticipated and was not explicitly analysed. These findings, however, are consistent with Epstein, Stevens, McKeever, Baruchel, and Jones (2008) review of puppet use in research where they discuss the use of puppets to assist children in their verbal expressions.

Practice Guide: Stickers, plasticine and people puppets are important tools that assist in allowing children to experience comfort and express themselves within the interview context. These items are worthwhile inclusions in the research toolbox when interviewing children.

As mentioned above the “artistic” children engaged more in informal conversations and increased comfort when doing a craft activity. The craft however required to be one that challenged their creativity. Three children in the present study fit this description. These children appeared to zone out into a peaceful place which increased their capacity to listen calmly and respond to questioning. The effect of this was that the interview took on a natural, informal conversation flow. One of these children demonstrated this when engaged in making plasticine animals yet became bored very quickly when decorating the cardboard people in Interview 3. This was similar for another child who had excellent drawing skills. When he drew in his book he expressed himself more fluently through informal conversations yet he expressed no interest in decorating the cardboard people in Interview 3. The third child engaged comfortably in informal conversations about sensitive topics when making the plasticine animals. She too became bored with decorating the cardboard people in Interview 3 and reduced her response to sensitive topics. This may have been because the topics were too uncomfortable for these children in Interview 3. It would seem unlikely because one child reported discomfort; another reported comfort and the third revealed self-initiated sensitive topics during the craft activity. It is more likely that for the artistic child a creatively challenging activity puts them in a relaxed comfort zone promoting conversational interactions irrespective of the topic.

10.4.7 Surveys, Checklists and Technological Methods

Within the present study the Journal activity was designed to simulate a survey style method. It provided questions for the children to answer without the presence of the interviewer. They

were provided with the opportunity of completing this using a pen and paper or a computer version. Both of these versions required written responses and could be supplemented by drawings. The pen and paper version could be decorated by stickers also which were provided. The computer version that was used was primitive and had limited interactive potential because of a lack of development time and financial constraints.

More research is becoming focused on the use of technology as a form of data collection and these technological forms often use a survey style format (Ellonen & Pösö, 2011; Martin, Anderson, Romans, Mullen, & O'Shea, 1993; Rew et al., 2004). The use of self-administered computerised surveys has become more popular and is often used in the investigation of violence and sexual abuse. It is thought they compensate for learning challenges, promote authentic reporting about high risk behaviours through greater anonymity and comfort, and increase recruitment numbers, especially if conducted in school settings without parental consent. Although the start-up costs for computerised surveys are seen as a challenge, the benefits to the research are considered worth it (Martin et al., 1993; Rew et al., 2004).

In the present study it was evident computers were the preferred activity choice as they reported they were fun and less boring than other activities. This reflects the Rew et al. (2004) findings of computer preference over pen and paper versions. The computer was reported by the children in the present study as their most preferred activity even when they were observed to relax and enjoy another activity more at times during the interview. This perception of computers being of greater enjoyment appeared to outweigh children's experiences of discomfort. Their reports of discomfort when playing computer games were restricted to expressions of frustration, because of the game, as compared to other forms of discomfort, such as sadness and anger.

For the majority of the children, when the computer was used as a parallel activity, if the games were new or difficult, it interfered with the quality of responses.

When the computer was offered for Journal completion, all but two of the caregivers were reluctant to allow their children to use this method. This was based on their own technological challenges and because it would be a cause of conflict over computer use between sibling groups. Three children completed the computer version with one child not completing the computer version reporting she could not work it properly.

Martin et al. (1993) compared interviewing with computerised surveys. They identified interviews had a clear advantage over the surveys in the provision of opportunities to clarify the questions when participants were unclear about the meaning. Self-administered surveys, however, had the advantage of providing opportunities for anonymous disclosure, which increased authenticity. They suggest the effect of unambiguous questions in either format in reducing the data quality.

In the present study the survey style of the Journal was shown to have limitations in the quality of reporting. The majority of the children at some time did not respond to one or more of the questions yet when verbally explored in the Journal Interview they provided responses. This confirms the strength of the interview design in increasing the quality of the data by providing opportunities to explain questions better, clarify answers and prompt children. The effects of the journal in reducing sensitive reporting associated to children's felt security is unknown. Sensitive topics were identified by children in the present study when engaged in both formats. The effects related to caregivers help with Journal completion and their awareness of the content on the children's reports is also unknown. The Journals did not meet the criteria of anonymous or fully self-administered in the present study. The importance of anonymity is seen in the present study, particularly for some of the children who expressed concern over the control of their personal information and concerns with people knowing what they said.

Technology has demonstrated its potential in facilitating the access of information from children-in-care which may threaten their felt security, especially in regards to who hears their information. Use of technology may provide opportunities to gain new insights into children's in-care experiences by providing children with an increased sense of control over their information through the provision of anonymity.

Practice Guide: Technology that is designed to be highly interactive, incorporating a parallel activity design with clear unambiguous questioning, would have great potential of maintaining children's interest, providing relief to discomfort, and maximising authenticity of reporting through increased anonymity.

It was anticipated children would struggle with the format of the member checking activity especially those with language limitations but the children managed this format well and

were fluent and spontaneous in their responses to all the statements. Potential reasons for this could be that the child knew that other children had made the statements, which removed pressure to be right. An alternative explanation could be that a limited verbal response was required (yes/no, agree/disagree). Authenticity was likely as children were observed to think carefully about the statements before responding and their responses were varied throughout. They did not just get into a pattern of no or yes. The question/statement placed on both the post-box activity and the member checking statements, included to check for consistency across both formats, was consistent further supporting the authenticity of the reports.

Children enjoyed the secrecy of the post-box activity making it more like a game. One child, who had high MLUs yet often responded “I don’t know”, struggled with the format. It became apparent that she struggled to understand what was being asked of her and whether her responses were “correct”. She often asked “if I answer this does it mean this”. This demonstrated the potential of the interview design to reveal challenges some children may have in responding. The use of the post-box activity earlier in the research process could be helpful in identifying the linguistic, cognitive, social and confidence challenges some children may have in the interview context. The format of the member checking activity was useful in helping children to feel more comfortable about their responses and hence limited socially desirable responses.

Practice Guide: Some checklist activities are beneficial both to building rapport and informing interviewers about potential challenges children may face in responding to interview questions. These activities would be useful in the initial stages of contact. The Harter (1982) format was useful in removing the pressure of providing socially desirable (or correct) responses.

10.4.8 Comparison of Interview Methodologies

Children spent more time on topic in the participatory interview activity (Interview 3) in comparison to the other interview activities. The children however spent a substantially longer time engaged in the free choice activity (Interview 2), which by its very nature, resulted in more talk. The majority of the children reported comfort and liking the interview method used in Interview 2 more than the other methods. The primary purpose of the present study was to find the most comfortable mechanism of getting the data. The free choice activity obtained less data, however for the majority of the children was the most comfortable.

For some the difficulty level of the computer activity affected their ability to concentrate on the interview topics, which made it harder for them to answer questions, and also affected their reports of comfort. Rather than reporting on their comfort in relation to how they felt about the interview topics, they reported on the interview methodology. They reported frustration during the activity and relief when the interview was over.

In general, the children reported more positively at the end of the research process about the style of Interview 2. This was indicative of the children's preference for technology (the computer) over any other activity. The perceived enjoyment of the computer outweighed the costs of discussing sensitive topics for the majority of the children. Marginally more children were more comfortable in Interview 2 (7 children) than were in Interview 3 (6 children) and the majority of the children reported experiencing comfort in Interview 1 (9 children). This possibly reflects the increasing sensitivity of the topics rather than the interview methodology.

The use of the computer in the present study demonstrated that some interview activities have the potential to override discomfort solely because of the enjoyment value some children place on them. This may mean that different methods can be potentially matched to children irrespective of their level of sensitivity to the questions, as long as these methods are those which the children place a high enjoyment value on.

10.5 The Comfort Measure

In conducting the present study with the view to address the primary research question of whether comfort can be maintained while interviewing children in care about questions with the potential to threaten their felt security complications arose in the measurement of comfort.

In being able to answer the primary research question it was necessary to refine the use of the comfort measure. This resulted in explorations of the MLU as a potential supporting measure for comfort. Children tend to communicate distress through other forms of behaviours using words less (Garbarino & Stott, 1989). In the early stages of the research the amount of words spoken by children were noticed to follow a similar pattern to their expressions of comfort. With one exception the children tended to speak less when uncomfortable. The child that did not follow this trend spoke less the more comfortable she became. Her verbal expression of discomfort was evident through long imaginative stories and joking. This demonstrated her nervousness tended to be expressed through over-talking rather than under-talking as was evident with the other children. Throughout the present study the idea that the MLUs could

supplement the measurement of the comfort experience, alongside self-reports and interviewer observations, was pursued. Although further research is required, the outcomes of the present study tentatively demonstrate that MLUs could be used to measure children's comfort. The use of comparisons with a base MLU may have been helpful to better explore this.

The design of the comfort measure facilitated the comfort experience for the majority of the children. It allowed children to express their discomfort with little vocalisation and/or eye contact (Garbarino & Stott, 1989; Harden et al., 2000). It also had the added benefit of increasing self-perceived competence for some of the children and legitimised their expression of discomfort and other emotions, as acceptable responses.

<p>Practice Guide: The use of a comfort measure when interviewing children can legitimise the expression of emotions; increase sense of control and perceived competence.</p>
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10.6 Collecting Data from Caregivers

In the present study, reports from caregivers were collected to supplement observational and child reported data which was collated into a child interview profile. The caregiver reports were anticipated to assist in the identification of their children's preferences, dislikes, factors that might maintain or make them susceptible to discomfort and their signs of distress.

Current research supports reports from multiple sources to increase the credibility of interview data (Messiou, 2008; Shenton, 2004). Multiple reports can provide a comprehensive picture of the child (Achenbach et al., 1987). The views of the caregiver can clarify child information, supplement it, or to check the extent to which it mirrors the child's reports (Fernqvist, 2010). Caregiver reports may provide indications of the potential factors that may cause distress, and thus felt insecurity, which may influence a child's responses to and experiences of being interviewed.

There have been no known studies which have sought information and explored the validity of kinship carer's reports of their child's behaviour and preferences within an interview setting. It does not appear to be common practice to get caregivers to provide information regarding these issues in an effort to establish an interview process that is more likely to provide a comfortable environment for children in kinship care. Irwin and Johnson (2005), however, recommend learning from parents about their children's interaction preferences with the aim of increasing comfort.

There are a few studies that have investigated the consistencies of caregiver report, parent, teacher report and self-report (Achenbach et al., 1987; Lecavalier & Haverkamp, 2004; Rescorla et al., 2012; Tarren-Sweeney, Hazell, & Carr, 2004). These studies report on caregivers, parents and teachers abilities to report on children's behaviours and mental health. They demonstrate the consistency of reporting, in parent and teacher groups across 13 countries, identify the universality of the way caregivers and parents view problem behaviours (Rescorla et al., 2012), and also the difficulties of reporting internalised behaviours in comparison to externalised behaviours (Rescorla et al., 2012; Tarren-Sweeney, 2007). Achenbach et al, 1987 suggest there can be low levels of agreement between different informants and this can be seen to reduce validity of reports on children's behaviour. They argue this should not reduce validity but reinforce the different contributions informants can make in providing a comprehensive picture of the child. Lecavalier and Haverkamp (2004) identify different factors that contribute to the reporting of child behaviours. They suggest child behaviours may vary across different contexts and the informants' relational role to the child may affect the reports of child behaviours. Rather than expecting one form of report to be more valid than another it is possible that each informant's view of the child has validity and offers a broader range of information about the child (Achenbach et al., 1987; Bricher, 1999).

The question of whether caregivers can provide valid information to assist in increasing the comfort levels of their children was successfully addressed by the outcomes of the present study. Consistent with Rescorla et al. (2012) and Tarren-Sweeney (2007a) the caregivers were able to report more effectively on the externalised behaviours of their children; and the children were able to better identify their preferences and (internalised) motivations. Caregivers were able to provide specifics about externalised behaviours which children were less willing or able to discuss.

The caregiver's reports were useful in providing insights over the span of the interviews as to the early identification of discomfort and distress and in some cases to assist in the identification of the potential contributors to the distress. This was evident in the child that "screeched" and then asked to go to the toilet, which he used as a time out space. The caregiver's reports were more helpful in being able to become familiar with the child's external behaviours typically related to anxiety as the result of threatened felt security.

The caregiver's reports were able to provide aspects of historical information that had the potential to distress a child and would otherwise have been unknown to the interviewer. An example of this was the identification that the use of the word "pahi" or "van" would overly distress the child because of a historical and severe motor accident. Although it was unlikely this word would be used it was important information for the interviewer to be aware of. Another example of this was the child who was reported to have had episodes of day wetting when distressed.

The caregiver's reports had the added benefit of being used on some occasions for checking the reality of what children were reporting. This was particularly useful in the identification of perceived or real reports, such as the child having no friends.

The children's reports were more helpful in the identification of their activity and topic preferences. They were also more accurate about their motivations. Children's reports on the preferences varied from some of their caregivers reports. The children provided greater insights into the motivations behind their preferences and emotions, such as potentially distressing factors within the interview context. The multiple reports supplemented by the interviewer observations provided a comprehensive picture of the individual children prior to interviewing.

The interview profiles ensured the interviewer had a depth of knowledge of each individual child. They allowed for the identification of the similarities and differences of the children across the interview context. The usefulness of the Child Interview Profile was specifically helpful in the area of preventing any extreme acting out and in identifying when a child was becoming overly stressed. The child interview profile could not be used as an absolute predictor of how the child will present at each interview, or moment to moment, because other life events could affect the child's felt security and hence alter their usual behaviour pattern.

The use of the interview profiles collated from multiple sources of data reinforces the findings of other research that suggest research can benefit from including multiple perspectives and reports from a variety of people in the lives of children.

10.7 Summary – Addressing the Research Questions

10.7.1 Primary Question

(1) Can the felt security of children in kinship care be measured by interview or other self-report methods whilst maintaining children's comfort levels throughout the process?

- The comfort experiences of children were fluid throughout the span of the interview and the research process. There is the likelihood that some variation in the comfort levels of children when being interviewed can be expected as a natural occurrence making the measurement of unacceptable levels of discomfort more complex.
- Children provided early indicators of factors that contribute to their discomfort. If these factors are heard and responded to it is more likely their comfort can be maintained over the span of the research project.
- The relationship with the interviewer was shown to influence the comfort experiences of children. Maintaining the comfort levels of children during interviewing requires interviewers that have a good level of skills in research interviewing. This is an important factor to consider when appointing interviewers with the view to conduct research with children.
- Factors specific to children in care, such as maladaptive IWMs, make them more susceptible to challenges in building an adaptive interviewer-participant relationship. This can interfere with the comfort experience of children in care when interviewing them.
- Unpredictability of the interview schedules interfered with rapport by mirroring the children's sometimes tenuous relationships. This increased levels of anxiety both at the end of the interview and during the time between interviews.
- The day to day events, especially adverse life events that occur between interviews for children in care have the potential to have a detrimental effect on their felt security. This in turn can disrupt the interviewer-participant rapport, thereby disrupting the children's comfort experience. This makes felt security a critical factor to consider for maintaining comfort when interviewing children in care. It also highlights the importance for the interviewer to renew their rapport with children in care at each new contact to maintain the comfort experience.
- Irrespective of the variations in their comfort during the span of the research process and in their relationship with the interviewer, the children were reported to have no

long-term detrimental effects. Children's reports supported this at the final evaluation stage. It is unknown if this would hold true if those children that were observed to befriend the interviewer were asked to report at the post interview time (9 months after the final interviews).

- Some caregivers reported signs of positive effect for some of the children at the post interview measure. These included being able to ask for help and being more open in their communication with adults. There is the potential therefore that caregivers and children may view the research as an intervention and have expectations that they will gain positive outcomes from being involved in the research process.
- All the children demonstrated the ability to self-manage their comfort experiences. The ability to express themselves in this way however was somewhat dependant on the interviewer. To maintain comfort during the span of the interviewing it was critical the interviewer provided an accepting and appropriate space to allow children the freedom to express themselves in the ways of their own choosing. This included facilitating opportunities for them to maintain their own comfort experience.
- The skill of the interviewer was critical to responding to children's discomfort and maintaining comfort. This included the interviewer's capability to identify when felt security was threatened and then adapt and respond flexibly to restore comfort.
- Children's desire to please the researcher was expressed through their desire to be competent participators in the interview context. For some children their self-perceptions of incompetence, within the interview context, threatened their felt security and became a source of discomfort. This discomfort had the potential to interfere with the data authenticity.
- Sensitive topics had an effect on the comfort experiences of children. Even so children were able to weigh up the costs and benefits of participating in the interview process and whether or not to respond to sensitive lines of questioning. This contributed to comfort levels remaining at acceptable levels.
- The maintenance of the comfort experience of children in care when interviewing, cuts across many dimensions of the research context including relational, performance and methodological aspects.
- Overall acceptable levels of comfort were reported to be maintained over the span of the research process. This was reliant on specific aspects of the methodology and interviewer competency.

10.7.2 Ancillary Questions

(1.1) Can different types of interview methods be matched to children with varying sensitivity to questioning strategies designed to measure felt security and perceptions of being in kinship care?

The present study *tentatively* addressed this question. This was because it was:

- a) Found the interview design was only one aspect contributing to the comfort experience of the children in the present study.
- b) Broad methodological aspects of the research and interview design were identified as beneficial to all the children irrespective of their varying sensitivity.
- c) The study was limited by the low sample numbers making matching (or predictions) a tentative exercise. Furthermore the qualitative design is not the optimal methodology for the collection of predictive data. Both b) and c) also apply to question 1.2, regarding the ability to make predictions about children's sensitivity levels prior to interviewing.

A summary of the findings in relation to this question follows.

- Interviewing methodologies were recognised as only one of the important factors to the maintenance of children's experiences of comfort but were not the primary determining influence of the comfort experience.
- All children irrespective of their characteristic differences were able to engage in strategies to maintain their comfort but children had varying responses to the interview methodologies and the research design.
- Some children in care can be more susceptible to threats to their felt security in relation to their perceived competence or relationship with the interviewer. These can be influenced by the interview methodologies or research design.

Some methods in the present study were better suited to some types of children.

- For children with the propensity to become bored or distracted the participatory model was better to facilitate on topic discussion and therefore increased quality data.
- For artistic children a creatively challenging activity was better to facilitate comfort and conversational flows.

- For one child with the propensity to be resistant and avoidant a pre-visit was helpful in enhancing their engagement and therefore comfort.
- For children with the susceptibility to quickly befriend the interviewer, the specific factors relevant to the study design were clear timeframes, predictable visits, shorter durations between interviews and the reliability of the interviewer.
- For children with low language ability, parallel play was identified as essential.
- For children with the propensity to perceive themselves as incompetent as expressed through low confidence in their performance, confidence building activities were useful. In the present study these were activities with a low need for verbal responses (checklist, post-box etc.) to build confidence in their expression. These methods were also useful in highlighting areas they found challenging, which could potentially disrupt their comfort experience.
- Children's confidence could be strengthened by taking time to train them in learning the aspects of interviewing and the interview tasks. Spending extra time with them to help them understand and believe that any response they gave was right and helpful also contributed to their confidence.

In general the following methodology considerations were found to benefit all the children in the present study.

- Parallel activities were identified as critical in providing children with comfort. They provided a distraction, which in effect allowed the child to take a break from questions that had the potential to threaten felt security.
- The exploratory research design threatened the children's felt security through its unpredictability, which may mirror tenuous attachment relationships.
- In the case of multiple interviews, one or two weeks between interviews are suggested to be preferable to longer periods. Should longer periods be unavoidable a pre-visit would be recommended.
- Participatory methods require additional parallel activities to allow children to take time out from the topic.
- Difficulty of tasks contributed to frustrating children in their performance. This had the potential to threaten their felt security associated with their self-perceived competence to perform.

- The use of the computer led to the recognition that some interview activities have the potential to override discomfort solely because of the enjoyment value some children place on them.

(1.2) What factors influence children's levels of comfort in response to questioning strategies designed to measure felt security and perceptions of being in kinship care? Could these factors be used to predict children's sensitivity levels prior to interviewing?

- A number of factors emerged from the data as influencing children's comfort experiences in the present study. These factors were: interviewer skill; interviewer and child role; child competence (perceived and real); child characteristics (specifically language limitations, propensity to become bored, distracted or nervous); external factors (caregiver and sibling influence, recording device and setting); consent and confidentiality; and the interview methods. The potential influence of mental health status and age were less clear.
- Specific factors were identified which are specifically related to felt security and hence more applicable to children in care. These are relational, self-perceived competence and confidentiality related factors.
- These factors have the potential to contribute to discomfort within the interview context. Some of these factors are more relevant to children in care in comparison to other populations of children and some of these factors contribute to the varying sensitivity of the children in the present study (such as low self-confidence in relation to competent performance, attachment misrepresentations, unpredictable and unreliable birth parent contact and fear about the consequences of sharing information and perceived placement insecurity).
- All the children in the present study demonstrated a concern for the unknown consequences for the information they contributed. Although confidentiality was a term they understood, they did not appear to comprehend how the mechanics of confidentiality worked, and what this meant to how their input would affect their daily lives, relationships and care placements. These concerns are likely to be ones that are relevant for children in care and less so for children in the care of their parents.

- These factors, if disregarded, have the potential to reinforce maladaptive IWMs of adults as unreliable and untrustworthy and the self as incompetent, imposing further short and long-term psychological harm on children.

(1.3) Can caregivers provide valid information to assist in increasing the comfort levels of children in care in response to interviewing?

- The caregiver's reports were more effective in informing the externalised behaviours of their children and the children's reports were better able to identify their preferences and motivations.
- The caregiver's reports were useful in providing insights over the series of interviews as to the early identification of discomfort and distress.
- The caregiver's reports were useful in providing historical information to assist in the identification of the potential contributors to and prevention of distress.
- The caregiver's reports were more helpful in being able to become familiar with the children's behaviours typically related to anxiety and stress as the result of threatened felt security.
- The caregiver's reports highlighted the individual nature of the children and the importance of having a comprehensive understanding of each child prior to interviewing them to maximise their comfort and reporting quality.
- The complexity of the caregiver-child interaction was evident during interviews with caregiver influence sometimes helpful and other times unhelpful.
- The caregiver's prompts were sometimes beneficial to the child's expression of themselves yet caregiver presence sometimes increased their child's desire to please their caregiver, which could threaten authenticity.
- Caregiver presence complicated the confidentiality of children's reporting.

10.7.3 Additional Question

How are the attributes of felt security distributed among children in kinship care?

- The majority of the children demonstrated and reported felt security in relation to caregivers, family membership and belonging, being loved, safe and being provided for.

- The certainty with which children responded about their pets was in contrast to the ambiguity about their human relationships.
- The majority of the children demonstrated and reported felt insecurity consistently over the span of the interviews. The intensity of the felt insecurity was evident in the consistency of their reporting.
- The reported felt insecurity of children was in relation to the following topics: perceived and fear of rejection in their relationships, feelings of difference and ambiguity about their relationships.
- The emotional components associated with the felt insecurity they reported were constant worry and sadness.
- The aspects of felt insecurity affect their daily lives across the settings of home and school.

10.8 Strengths of the Research Design

10.8.1 Qualitative, Exploratory and Iterative Design

- The qualitative design was chosen as the optimal approach to explore the effects of the interview methodologies on children's comfort experiences. It provided the vehicle to collect rich descriptive data from a small sample of children. Although the findings need to be considered carefully because of the small sample numbers, the identification of deviant cases and the application of the falsification test (see Flyvbjerg, 2011) were used where applicable to strengthen the trustworthiness of conclusions.
- The exploratory nature of the study was chosen because of the limited existing knowledge about the comfort experiences of children in care when being interviewed about topics that may threaten their felt security. The exploratory approach to the design of the present study provided the tool for unanticipated factors critical to answering research questions to be explored as they emerged. This approach facilitated a fresh look at the possible factors that contributed to the comfort experience of children in the interview context. This enabled the researcher to follow new pathways of thinking that could not have been anticipated prior to commencing the study. A prominent example of this was the unexpected shift away from an initial sole focus on the effects of the interview methodology on children's comfort to include also consideration of the interviewer-child relationship, and the factors which

contributed to participant comfort. This resulted in the development of greater understanding of children's comfort experiences within the interview context.

- The research design facilitated the exploration of aspects of comfort to determine how to measure comfort better. The explorative design laid the platform to examine multifaceted aspects of the study with a single study. This was evident in the investigation of the construct of participant comfort and its measurement, varying interview methodologies, the interviewer-participant relationship and the distribution of felt security across children in care.
- The iterative refinement of the interview strategies influenced the introduction of increasing the sensitivity of the topics over the span of the interview process. This suited the progressive practical application of methods based on emergent findings. This facilitated a comparison of the effects of sensitive topics on children's comfort at each stage of the research project. It allowed for the development of interviewing methodologies from an informed base, which was derived from the sample population, and enhanced the ethical application of each stage of the study.

10.8.2 Multiple Methods

- The multiple methods design of the present study was successful in enabling comparisons to be made across the different interview methodologies whilst also allowing for comparisons of consistencies across the individual children. These comparisons made it easier to identify single deviant cases maximising the trustworthiness and generalizability of the outcomes.
- The incorporation of multiple forms of measurement contributed to increased participant fun, sustained interest, promoted autonomy and choice for the children and the trial of traditional combined with innovative techniques.
- The incorporation of the children and the caregiver's perspectives contributed to increasing the depth of the data resulting in the establishment of a comprehensive picture of the children.
- In the present study the interviewer was treated as what Pezalla et al. (2010) refers to as a co-participant. This provided a number of benefits to the study outcomes. It increased the quality of the data by making provision for a third perspective through an "insider informed" approach to the motivations of the interviewer. It promoted the generation of data by allowing the researcher to step back and view the interviewer-child interactions facilitating objectivity. Finally, it facilitated a natural relationship

between the interviewer and children, as the interviewer was not focused on trying to be an accomplished researcher rather a helpful adult participant.

10.8.3 Multiple Interviews

- The use of multiple interviews made it possible to check on the consistency of emerging outcomes and to track the consistency of children's characteristics and responses. This enabled confirmation of the observations about children's specific characteristics in relation to their interview responses. It facilitated an emerging clarification through the identification of repeated patterns across the series of interviews.
- Multiple interviews facilitated the "theoretical saturation" (Corbin & Strauss, 2008; Strauss & Corbin, 1998) of a single sample within a single study through the analysis of the data from varying perspectives. This reduced the time, costs and challenges associated with recruiting large sample numbers.
- The multiple interviews provided the opportunity to reveal the strengths, difficulties, consistencies and differences across varying interview designs and tools.
- The multiple interviews allowed for the identification of the intensity of the felt insecurity of specific factors for children. This was identified through the consistent repetition of these factors as topics of conversation across the different interviews (e.g. perceived or real rejection from peers).
- The multiple interview design facilitated the progressive refinement of the interview methodologies and introduction of sensitive topics. This enabled comparisons, analytical interpretations and refinement decisions to be made before implementation at each stage of the research project.

10.8.4 Mixed Methods

- The use of the mixed qualitative methods allowed for the exploration of data from varying depths and perspectives. This facilitated the exploration of the interviewer-child relationship as well as the effects of the interview methodologies on children's comfort experiences. This resulted in the critical examination of how the relationship contributed to the comfort experience of the children. It culminated in the emergence of tentative factors which strengthened or hindered the comfort experience of the children. These factors provided a consistent set of constructs upon which to make comparisons.

- The use of the mixed methods approach provided opportunities to conduct a multifaceted dual exploration of the research questions and the study methodology within a single study. This resulted in comprehensive findings about multiple aspects of the research project. It also facilitated the investigation of unanticipated factors as they emerged using methods which best suited the data, the research questions and the holistic purpose of the study to inform practical application at each stage of the study.
- The mixed methods approach permitted the use of more than one qualitative method to explore varying aspects of the study. This resulted in a large amount of data from a variety of perspectives being generated from a single sample.
- The potential limitations because of small sample numbers were minimised by the ability to cross check through triangulation of data, the number and differing types of interviews and identify single deviant cases.
- The use of the grounded theory approach contributed to increasing the understanding of the construct of comfort and determining potential factors relevant to children's comfort experiences. This enabled the identification of the ways in which children respond to these factors within the interview context. This facilitated the application of current knowledge relevant to the specific sample population to be generated. The grounded theory analysis was particularly useful in the identification of data within a single case and interview setting.
- The use of the case study approach was successful in facilitating the comparisons of the varying responses and comfort experiences of the children in relation to the interview methodologies and each other. This was achieved through comparing multiple cases across multiple settings with multiple methodologies. This allowed conclusions to be drawn about the patterns that recurred across children, settings and methodologies in relation to children's comfort experiences. The use of the case study approach increased the opportunities to apply the falsification test (Flyvbjerg, 2011) to deviant cases. This increased the trustworthiness of the data and the potential to generalise outcomes to other children in kinship care.

10.9 Limitations of the Research Design

- A significant limitation to the exploratory, iterative design of the present study was the inability to predetermine timeframes for implementation. This eventuated in contributing to the disrupted comfort experience of the children by increasing

unpredictability of the interview timing. The unpredictability of the timing of the interviews contributed to threats to the children's felt security and their assessment of interviewer as a reliable trustworthy adult. This disrupted rapport and trust, and the potential reinforcement of maladaptive IWMs.

- The use of multiple interviews was time intensive both in respect of the design and analytical time because of the abundance of data that was generated. Multiple interviews were also cost intensive with the need to resource the development and implementation of multiple interviews.
- The sole qualitative methodology limited the predictive quality of aspects of the study such as the matching of methodologies to children's characteristics and the associations between the comfort factors, felt security and the children's individual characteristics.
- Mixing qualitative methods is more complex than single qualitative studies in terms of presenting data to readers in an easy to follow manner. The data generated was abundant, contributing to lengthy reporting of findings.
- The use of a single sample group made it less certain the results could be replicated with other groups of children in care.
- The sole inclusion of children in kinship reduced the certainty that the results could be generalised to children in foster care.
- The use of a single interviewer and researcher made it less certain the results are generalizable. The use of the one interviewer made it difficult to delineate between the effectiveness of the methodology and the personal qualities specific to the interviewer. This may have been somewhat mediated by the interviewer taking the role of co-participant in the present study, thereby bringing greater objectivity to analysis of the interviewer qualities and the interviewer-participant interactions.
- A single researcher as opposed to multiple researchers limited the robustness of the analysis. Multiple researchers analysing the data would have allowed for checking across categories and findings for agreement across researchers.

10.10 Future Research

It is important that further research be conducted to explore the effects of different research methodologies on children in care. To increase the generalizability and trustworthiness of the results of the present study it would be beneficial to replicate this study with further sample groups of children in care including children in foster care and residential care, incorporating

a study design which includes multiple interviewers and researchers. This would improve the certainty with which the results could be generalised across children in care.

During the span of the present study many questions were raised in relation to the inclusion of children in care within the research context exposing issues worthy of further study, and examples of these follow. Pursuing opportunities to explore the use of technological methodologies with children in care would be fruitful to further the understanding of the ways in which anonymity might address the threats to the felt security, related to sharing personal sensitive information. Quantitative methodologies and larger sample numbers would provide clarification as to whether varying methodologies can be matched to the varying sensitivities of children in care. Further research would be beneficial to explore the use of MLUs as a supplementary measure of children's comfort, incorporating a more robust approach by standardising the application of the MLUs and using a base MLU. Conducting studies in Aotearoa New Zealand exposes researchers to many opportunities to compare and contrast the use of varying methodologies with children in care from diverse cultures.

The purpose of research with children in care is to inform the provision of support services. During the present study, children shared their personal challenges and demonstrated their resiliency through their engagement of coping strategies. This has raised further questions about how felt insecurity affects the quality of life for these children in relation to home, relationships and schooling. Further research about what factors promote resilience and transcendence when experiencing discomfort and/or threats to felt security would be beneficial to the development of interventions for children in care.

The findings of the present study can contribute to the improvement of the ethical administration of research with children in care. Ethical research is the responsibility of the every researcher. Transparent accounts of research methodologies and implementation with children in care are necessary to facilitate learning. The ongoing commitment to the improvement of research methodologies is necessary and this requires ongoing research into the effects of the research process on children in out-of-home care.

10.11 Conclusion

There is no prior rigorous research on the effects of interviewing children with varying levels of sensitivity, or children in out-of-home care about issues that touch on their felt security. Little research exists on the distress/comfort levels of children whilst being interviewed about aspects of their lives that may threaten their felt security or the effects of the interviewing

process on children with varying levels of sensitivity to being questioned. These gaps in research pose many ethical dilemmas which may expose children in out-of-home care to unethical interviewing and the risk of distress or psychological harm.

Children in out-of-home care are often viewed as vulnerable and disempowered requiring special protective measures, which results in adults and institutions, acting as gatekeepers to protect these children from any further unnecessary investigation and intrusion. Rubin, Coplan, Bowker and Menzer suggest that such overprotection by the guardians of children who are socially fearful sustains and intensifies children's social difficulties (Rubin, Coplan, Bowker & Menzer, 2011). Equally it would seem unethical to enforce methodologies on children until it is clear how they will respond and be affected.

In the present study the broad aim of whether or not children in out-of-home care should be protected from or provided with opportunities to participate in research is addressed. The present study has provided insights into how the research process can be designed to maximise children's participation within a protective research environment. The factors contributing to the maintenance of children's comfort have been identified and discussed. It is recognised that children in out-of-home care although having potential vulnerabilities specific to their pre and in-care experiences are competent in participating in an interview context and self-managing their comfort experience. This competence can further be facilitated by the interviewer's skill, interview methodologies and aspects of the research design. Children in the present study demonstrated their competency to implement strategies to mediate their comfort experience. Although felt insecurity can hinder authentic reporting the present study demonstrated this can be minimised by the researcher.

It is important to identify and to advocate for children's needs at policy and service provision levels. The dilemma exists as to how this may be achieved without first gaining an understanding of the experiences of, and the impact of felt security, on children in care. The UNCRC (1989) and the New Zealand Child, Young Persons and Families Act (1989) recognises the right of children to protection, provision and participation. It is a fragile balance between the essential need for protective services for vulnerable children, the provision of services that meet their needs effectively, and the opportunity for these children to participate safely in research. Barriers to participation of children in research are often associated to adults' perceptions of the child as not capable (Hill et al., 2004) It is because of this view of children as incompetent the adults secure their role as the gatekeepers. The

UNCRC, 1989 however stipulates children have the right to both participation and protection. If we are to adhere then to this legislation, whether children should be provided opportunities to participate in research or not is irrelevant. It is how we ensure children have freedom of choice to participate and how those willing children can participate in protective hence ethical research environments. The findings of the present study have demonstrated the competence of vulnerable children in self-managing their comfort and in making decisions about their participation in research. It is anticipated the findings of the present study will contribute to future research and advance the ethical administration of research with children in out-of-home care^{xv}.

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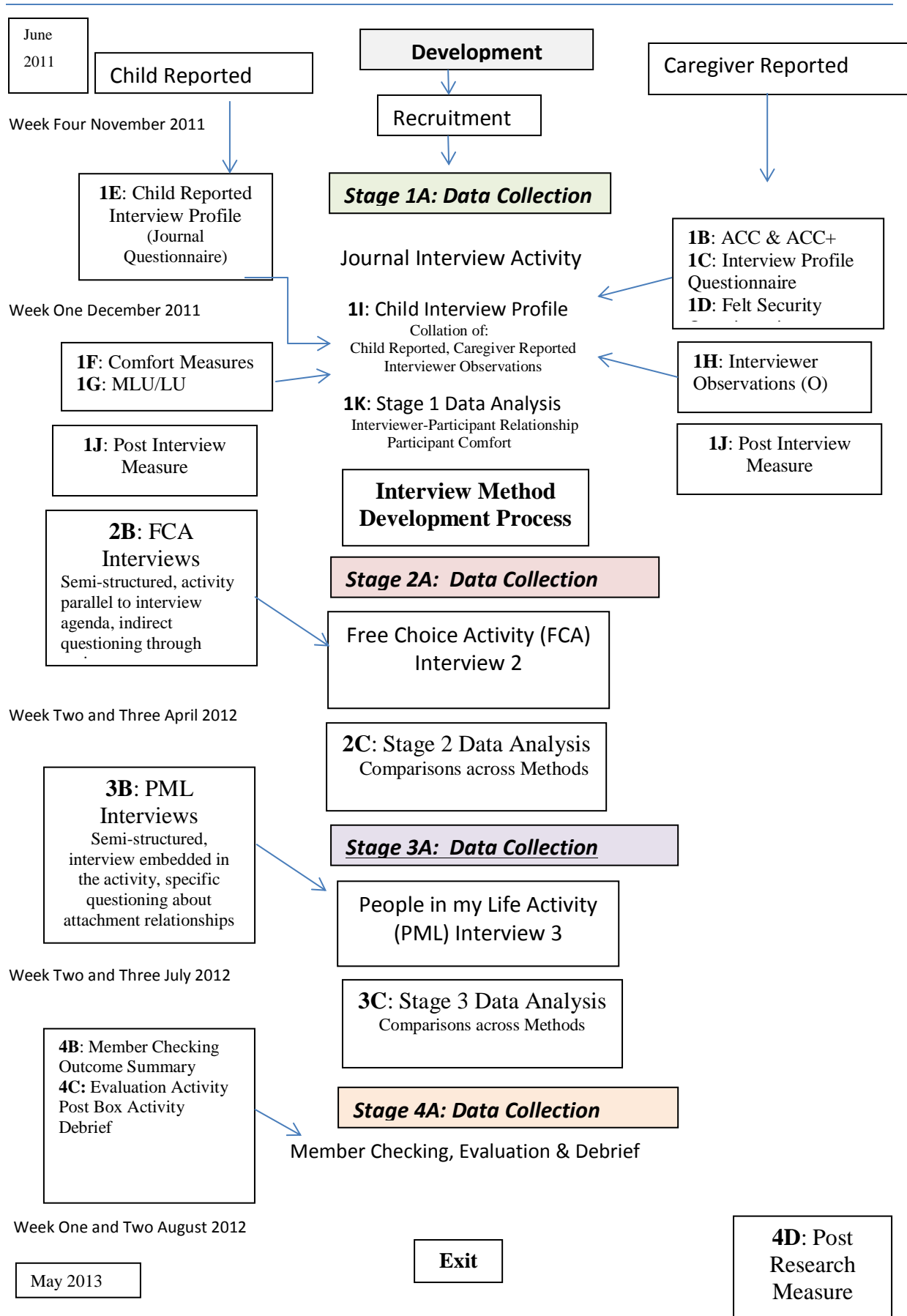
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Appendix 1



Appendix 2

Appendix 1: Participant Characteristics										
Child ID	Gender	Age	Ethnicity	Entry into Care (years)	Maltreatment History (caregiver report)	Previous Placements	Return to Birth Parents	Current Birth Parent Contact	Mental Health Diagnosis	Developmental Delays
1	M	8	Maori/NZE	2.5	Physical, emotional, psychological abuse, neglect, witnessed domestic violence (before age 2)	0	No	none from mother random calls from father	Anxiety	Learning and intellectual disability Asperger Autism
2	M	6	Maori/NZE	0.9	Witnessed domestic violence (age 9 months)	0	No	mother only by phone unsure of who father is - considers caregiver as his father	Nil	Learning and intellectual disability Asperger Autism
3	M	12	Maori/NZE	7	Physical, emotional, psychological abuse, neglect, Witnessed domestic violence (up to 5 years)	0	No	very seldom phone calls only	Anxiety	Learning and intellectual disability Asperger Autism Foetal Alcohol
4	F	8	Other	6	Physical, emotional, psychological abuse, neglect, Witnessed domestic violence	1	No	father rings every week from overseas mother sporadic phone calls	ADD/ADHD ODD	Nil
5	F	10	NZE	0.2	Physical, sexual abuse, witnessed domestic violence	0	No	seen her mother twice in 10 years unsure of who the father is - considers (dead) caregiver as her father	Anxiety/ ADD/ADHD	Learning Disability
6	F	9	Other	7	Physical abuse, neglect, witnessed domestic violence	1	Yes	mother very spasmodically father - every fortnight - stays weekend only found out about him 18 months ago	Anxiety Eating Mood	Nil
7	M	8	NZ Maori	6	Physical, emotional, psychological abuse, neglect, witnessed domestic violence	3	Yes	mother every weekend and school holidays - his sister 4x per year for 1.5 hours - half-sister couple of times a year - father in prison CVF doesn't allow contact	Nil	Nil
8	F	8	NZE	3	Physical, emotional, psychological abuse, neglect, witnessed domestic violence	0	No	mother when she is taken by caregivers to see her - father has a protection order in place with Nil contact	Nil	Nil
9	M	8	Maori/NZE	2	Neglect, witnessed domestic violence	1	No	mother & father - every 4/5 weeks for a few hours unsupervised at their home (on a Sunday) - older sisters - occasional contact	Nil	Nil
10	M	9	Maori/NZE	3.5	Neglect, emotional, psychological abuse, witnessed domestic violence	1	No	mother & father - every 4/5 weeks for a few hours unsupervised at their home (on a Sunday) - older sisters - occasional contact	ADD/ADHD RAD	Nil
11	F	11	Other	2	Nil	0	No	has unlimited contact with both her mother and father used to have supervised access visits with mother at first, regular contact now with overnight visits - father sporadic contact	Nil	Nil
12	M	9	NZE	3	Emotional, psychological abuse, witnessed domestic violence	0	Yes		RAD	Learning, sensory and Intellectual Disability

Appendix 3

Appendix 2: Caregiver Characteristics

Child ID	Caregiver	Age	Health	Number of Children in the Home	Number of Other Adults	Total Previous Children Placed With Caregivers	Contact with Other Caregivers	Training	Extra Information
1	Grandmother and Grandfather	51 44	Av Av	4	0	8	Yes, regularly	Yes before child was placed with me	These caregivers have care for child 1, 2 and 3 who have the same birth mother and different birth fathers
2	Grandmother and Grandfather	51 44	VG VG	4	0	8	Yes, occasionally	Yes after child was placed with me	
3	Grandmother and Grandfather	51 44	VG VG	4	0	8	No	Yes after child was placed with me	
4	Grandmother	59	VG	3	0	33	Yes, regularly	No	This caregiver has care for child 4 and 6 who have the same birth mother and different birth fathers. This caregiver also cares for child 5 who is a cousin to child 4 and 6
5	Grandmother	59	VG	3	0	33	Yes, regularly	No	
6	Grandmother	59	VG	3	0	33	Yes, regularly	No	
7	Grandmother	51	Av	1	0	1	Yes, regularly	No	
8	Grandmother and Grandfather	60 - 69	Av Av	1	0	2	Yes, regularly	Yes after child was placed with me	
9	Grandmother and Grandfather	50-59	Av VG	2	0	2	Yes, occasionally	No	
10	Grandmother and Grandfather	50-59	Av VG	2	0	2	Yes, occasionally	No	
11	Grandmother and Grandfather	50-59 60-69	VG VG	1	0	1	Yes, regularly	No	
12	Grandmother	60	Av	1	0	1	Yes, regularly	Yes after child was placed with me	

Appendix 4

Example of the Child Interview Profile used in the present study

Name: Child 06 (9yrs) Butterfly/Noodle

Date: 17/01/12

Preferred Activities Active participation – jigsaw Talking Computer (CR) Dislikes Puppets(CR**) Talking Computers Likes Puppets (ChR **) Ballet Playing in play ground (ChR)	Signs of Anxiety Gets insecure, scared, frets (CR) Withdraws, goes quiet – shrugs, doesn't respond (CR) Fidgeting (O) Butterflies in tummy (ChR) Angry (ChR) Don't listen (ChR – Nana helped 9.50 mins)
Potentially Distressing Topics/Triggers The thought of getting into trouble – continually checks with Nana before answering (22.07) Talking to a grown up about my mum in Canada (ChR) (12.31) New faces (CR) Jealousy of siblings (CR)	Signs of Distress Jumping on the bed, swearing (ChR)
Topics of Interest Ballet	Calming Strategies Radio, music (when angry) Time to herself (when sad/crying) (CR) Humming to herself/singing (O)
Additional Information Child has recently started contact with her birth father – caregiver not approving of this – it may result in permanent placement with the father There was an incident with the library card and the father put it under his name this really upset child06 (CR)	
Diagnosis Anxiety & Mood Disorder	
Design Recommendations Explain procedure clearly to begin reinforce inability to get in trouble Setting needs to be within the visual of nana or within private setting – offer the child a choice of settings Standard interview will be suitable – setting vital factor presenting	

Source of Information: Caregiver Reported Interview Profile (CR) – Child Reported Weekly Journal (ChR) – Observational Data (O) – Audio Data (A)

NOTES:

Started humming/singing when talking about questions not to ask – 15.31 min
7.55 min - When I get worried I feel angry – mum being away makes me miss my mummy so much –
13.00 min talking to me about your mum a little worried 14.58 min asking about mum
15.18min what about dad - nowhere
15.47 corrected me about
20.42 you can't make any mistakes – change the wording – explain this better
22.07 min – I don't like getting into trouble
22.42 min – confidentiality talk

Appendix 5

Child Interview Profile Entries (Tables 1-5)

Preferred Activities

Table 1: Preferred Activities collated from Child Report (ChR), Caregiver Report (CR) and Observation (O) – (Child C1- C12)

<p><u>Preferred Activities C1</u> Drawing, Activities that require active participation, Computer activities (CR) (made a gingerbread man out of the interviewing tools whilst talking) (O) Drawing, computers, puppets (ChR) Dislikes - writing</p> <p><u>Preferred Activities C2</u> Drawing, computers (ChR) Drawing, talking ,active participation, worksheets (CR) Dislikes writing (CR) (ChR), being asked questions, talking, puppets</p> <p><u>Preferred Activities C3</u> Any (CR) (ChR) Dislikes writing or school work (ChR)</p> <p><u>Preferred Activities C4</u> Excels at speech and drama (CR)(ChR) Computer activities (CR) (ChR) Talking (CR) ChR) Active Participation (CR) Puzzles, activity sheets, reading (CR)(O) Writing Stories (CR) (ChR) Puppets (ChR)</p> <p><u>Preferred Activities C5</u> Drawing, Active participation, Talking Jigsaws/puzzles, Computer (CR) Likes talking in the interview (ChR) Writing, Computers (games) Reward Charts, Puppets (ChR)</p> <p><u>Preferred Activities C6</u> Active participation – jigsaw Talking Computer (CR) Dislikes Puppets(CR**) Talking (ChR) Computers (ChR) Likes Puppets (ChR **) Ballet (ChR) Playing in play-ground (ChR)</p>	<p><u>Preferred Activities C7</u> Talking Computer (CR) Pokemon, Yu Gi Oh, Animal (CR) Timezone (CR) Kicking balls Computer games and movies (ChR) Pokemon, Animal Yugi Oh cards (ChR) Dislikes - writing</p> <p><u>Preferred Activities C8</u> Drawing, active participation, talking, computer activities, puppet play, whiteboards (CR) Drawing, talking, computers, puppets, worksheets – puppets (4 stars) (ChR) Dislikes writing, worksheets (CR)</p> <p><u>Preferred Activities C9</u> Drawing, Writing, active participation Talking, Worksheets, Computer, Club activity (CR) Drawing, computers, PS2, some types of talking (not groups/new people/phone) (ChR) Dislikes public speaking (ChR) being recorded (ChR) (O)</p> <p><u>Preferred Activities C10</u> Drawing, writing, computer activities, drama, guitar, music, cubs (CR) Dislikes talking and worksheets (CR) Drawing, puppets, jumping (ChR)</p> <p><u>Preferred Activities C11</u> All activities as long as it is fun (CR) Drawing, talking (ChR) Dislikes Does not like the physical writing (handwriting) (ChR)</p> <p><u>Preferred Activities C12</u> Drawing, talking, Computer, making stuff (CR) Computers, “scootering” and playing games (ChR) Dislikes writing, worksheets, puppet play (CR)</p>
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Topics of Interest

Table 2: Topics of Interest to Child Participants collated from Child Report (ChR), Caregiver Report (CR) and Observation (O) - (Child C1 - C12)

<p><u>Topics of Interest C1</u> Motorbikes can motivate him to talk about anything (CR)</p> <p><u>Topics of Interest C2</u> Nil</p> <p><u>Topics of Interest C3</u> Aircraft – planes (CR)</p> <p><u>Topics of Interest C4</u> Horses (ChR) Her best friend K* (CR) (O)</p> <p><u>Topics of Interest C5</u> Nil</p>	<p><u>Topics of Interest C8</u> Cycling, swimming, girls brigade, Sunday school (CR) Likes talking to adults about herself – likes talking to researcher – likes learning (ChR)</p> <p><u>Topics of Interest C9</u> Drawing (very talented) (O) (ChR) BMXing (ChR)</p> <p><u>Topics of Interest C10</u> Drama, guitar, music, cubs (CR)</p> <p><u>Topics of Interest C11</u> Horse Riding (ChR)</p>
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<u>Topics of Interest C6</u> Ballet <u>Topics of Interest C7</u> Pokemon, Animal cards (ChR)	Good sense of humor/artistic – likes to laugh and do craft type activities (O) Likes having fun (CR) <u>Topics of Interest C12</u> Loves music and movies – You tube, scooter, phones, Xbox – (ChR) (CR) also scooter, bike and cubs (CR) good sense of humor and likes to talk about things he does (O)
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Potentially Distressing Topics

Table 3: Potentially Distressing Topics Collated from Child Report (ChR), Caregiver Report (CR) and Observation (O) - (Child C1-C12)

<u>Potentially Distressing Topics C1</u> Nil Identified (CR) (ChR) This could be anything (CR) <u>Potentially Distressing Topics or Triggers C2</u> Raised voices (CR) Being compared to another family member (CR) Doesn't like being asked questions (ChR) Dislikes work (CR) <u>Potentially Distressing Topics/Triggers C3</u> The word 'pahi' (van) – makes him feel unsafe – (CR) <u>Potentially Distressing Topics/Triggers C4</u> Not being able to have visual contact with mum (Nana) (CR) Being negative about mummy (CR) <u>Potentially Distressing Topics/Triggers C5</u> Needs to know everything (CR) (O) (end of interview froze when she didn't understand the worry cans) <u>Potentially Distressing Topics/Triggers C6</u> The thought of getting into trouble – continually checks with Nana before answering (22.07) (O) Talking to a grown up about my mum in C* (ChR) (12.31) New faces (CR) Jealousy of siblings (CR)	<u>Potentially Distressing Topics/Triggers C7</u> Hates writing and reading (CR) Talking about his dad who is jail (CR) He misses his sister a lot (CR) <u>Potentially Distressing Topics/Triggers C8</u> Talking about her parents, CYFs Bringing up the past especially between 2 & 5 years (CR) <u>Potentially Distressing Topics/Triggers C9</u> New situations – takes a while to adjust (CR) Being asked to do something he feels he can't do (CR) <u>Potentially Distressing Topics/Triggers C10</u> Finds it hard to express his feelings doesn't show a lot of emotion – very neutral (CR) <u>16.00 min</u> rather do it on the computer than talk about the topics (ChR) doesn't like talking (ChR) <u>Potentially Distressing Topics/Triggers C11</u> There might be something she doesn't want to talk about (CR) She will make it clear if she doesn't want to talk about something (ChR) <u>Potentially Distressing Topics/Triggers C12</u> Doesn't like talking about his bad behavior (CR) (O) If told No perceives he has no control and immediately reacts (CR)
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Signs of Anxiety and Distress

Table 4: Signs of Anxiety and Distress collated from Child Report (ChR), Caregiver Report (CR), Observation (O) and Audio Recording (A)

<u>Signs of Anxiety C1</u> Mad and sad (ChR) Hands shake (ChR) Can tell by his body language (CR) <u>Signs of Anxiety C2</u> Sad (ChR) Crying (ChR) Grumpy, fidgety, just leaves the situation (CR) Blushes (O) <u>Signs of Anxiety C3</u> Stops talking has instant pain (CR) Quiet voice – short responses – sporadic eye contact – swings between no responsiveness and engagement (O) Scared and worried (ChR) <u>Signs of Anxiety C4</u> Bites her nails – giggles (CR) (O) Upset, scared (ChR) Responds with I don't know (O) Biting hand (O) Disassociates (O) <u>Signs of Anxiety C5</u> Clingy to mum (CR) No eye contact (CR) speaks to her mum (O)	<u>Signs of Anxiety C8</u> Becomes cuddly, seeks reassurance, lies to cover up and denies reality (CR) Shaking feel like I am going to collapse (ChR) Worried in the stomach – yuk stomach (ChR) Feel like running away (ChR) <u>Signs of Anxiety C9</u> Physical distancing, no talk, no eye contact (listening but not looking), stays close to caregiver, non-engagement (O) Pout, looks like he is about to cry, drops eye contact (CR) Scared & nervous – butterflies in stomach (ChR) Avoidance/approach (O) Body and voice shaking (O) <u>Anxiety C10</u> Eye contact drops away – ADD (CR) Subdued body language, limited eye contact, minimal vocalizations, quiet volume (O) Feel nervous and unhappy (ChR) Shake and sweat (ChR) Likes to hide (bushes, bed) (ChR)	<u>Signs of Distress C1</u> Anger - (ChR) – angry face First signs = zoning out, rocking, biting his finger nails – bends his thumb back – starts poking people (CR) <u>Signs of Distress C2</u> He yells (CR) Crying (ChR) Gets red in the face when talking about something that really worries him (O) <u>Signs of Distress C3</u> Goes quiet or gets angry – he will tell you (CR) Won't talk (ChR) go to my special hiding place (ChR) <u>Signs of Distress C4</u> Screams, yells, swears (CR) Cry (ChR) <u>Signs of Distress C5</u> Freaks out becomes uncontrollable (CR) Stomps and do a patty (ChR) <u>Signs of Distress C6</u> Withdrawn or argues, storms off yelling and swearing (CR) Jumping on the bed, swearing (ChR)
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<p>Freezing/trancelike/disassociation (occurred twice) (O)</p> <p>Sad, mad and lonely (ChR) Want to play with my mum (Nana) (ChR)</p> <p><u>Signs of Anxiety C6</u></p> <p>Gets insecure, scared, frets (CR)</p> <p>Withdraws, goes quiet – shrugs, doesn't respond (CR)</p> <p>Fidgeting (O)</p> <p>Butterflies in tummy (ChR)</p> <p>Angry (ChR)</p> <p>Don't listen (ChR – Nana helped 9.50 minutes)</p> <p><u>Signs of Anxiety C7</u></p> <p>Goes quiet, looks down or away (CR)</p> <p>Confused, scared (ChR)</p> <p>Makes noises (O)(CR)(A)</p>	<p><u>Signs of Anxiety C11</u></p> <p>Avoidance, withdrawal, hyper-vigilant eye contact, zero vocalization, disengagement (O) beginning of first visit – baby talk/imaginative talk (O)</p> <p>Stops smiling, won't talk, won't participate, withdraws (CR)</p> <p>Shy when talking (ChR) Scared when I don't know anyone\Sad, mad, scared and upset, be funny e.g. of dentist (ChR)</p> <p><u>Signs of Anxiety C12</u></p> <p>Hang back and not say much at all (CR)</p> <p>Feel sick in my tummy (ChR) My body shakes (ChR)</p> <p>Avoidance of topics associated to his behavior (O)</p>	<p><u>Signs of Distress C7</u></p> <p>Anger – talks back, sulks goes to his room (CR)</p> <p>Crying (ChR)</p> <p><u>Signs of Distress C8</u></p> <p>Wets herself (CR)</p> <p>Stroppy, sulky, stomps when I don't get my own way (ChR)</p> <p>Diverts from topic (O)</p> <p><u>Signs of Distress C9</u></p> <p>Crying (CR) Feel funny (ChR)</p> <p><u>Signs of Distress C10</u></p> <p>Doesn't express with adults, with children he yells (CR) Hides (ChR)</p> <p>Sobbing, crying when I went to finish – “I don't want you to leave” (O)</p> <p><u>Signs of Distress C11</u></p> <p>Withdraws (CR) doesn't get as angry anymore (CR) Sad and angry (ChR)</p> <p><u>Signs of Distress C12</u></p> <p>Walk/Run away, bang the door, explode, swear, divert, avoid (CR)</p> <p>First response is to run – works himself up to gagging, choking and crying (CR)</p> <p>Rapid speech – ignores and diverts from topic (O)Tummy feels sick (ChR)</p>
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Calming Strategies

Table 5: Calming Strategies collated from Child Report (ChR), Caregiver Report (CR) and Observations (O) - (Child C1-C12)

<p><u>Calming Strategies C1</u></p> <p>Gives himself some time out (ChR) has a nap (ChR)</p> <p>Sit on the ground – don't stand and use distractions (CR)</p> <p><u>Calming Strategies C2</u></p> <p>Learnt breathing techniques from anger counselor (CR)</p> <p><u>Calming Strategies C3</u></p> <p>Apologize for upsetting him (CR)</p> <p>Takes himself away (CR) has a special tree (ChR)</p> <p><u>Calming Strategies C4</u></p> <p>Time out 3-5 mins when angry (CR)</p> <p>Walk away and leave her when crying (CR)</p> <p><u>Calming Strategies C5</u></p> <p>Cuddling mum (Nana) (CR) (ChR)</p> <p>Go to the room (ChR)</p> <p><u>Calming Strategies C6</u></p> <p>Radio, music (when angry)</p> <p>Time to herself (when sad/crying) (CR)</p> <p>Humming to herself/singing (O)</p>	<p><u>Calming Strategies C7</u></p> <p>Talking to him and helping him to understand</p> <p>Cuddles (CR)</p> <p>Tell an adult (ChR)</p> <p><u>Calming Strategies C8</u></p> <p>Explaining & reassuring, taking time with her (CR)</p> <p><u>Calming Strategies C9</u></p> <p>Has a cry, soothes himself and then comes right (CR)</p> <p>Do something else (ChR)</p> <p><u>Calming Strategies C10</u></p> <p>Time out with an activity e.g. Drawing (CR)</p> <p>Hide behind the bed or bushes – run away (ChR)</p> <p><u>Calming Strategies C11</u></p> <p>Likes being cuddled (CR)</p> <p>Talked to softly and calmly (CR)(ChR) Hums to herself (O)</p> <p>Hide, stay still and quiet, hug nanny, not talk (ChR)</p> <p><u>Calming Strategies C12</u></p> <p>Runs away (CR) Watch T.V, play Xbox or music (ChR)</p>
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Appendix 6

Child Interview Profile Entries

<p>Additional Information C1 Cal's grand mum and grand-dad – mum & dad – birth mother = tummy mummy (J*) – dad = R* (child adamant granddad is dad) – – has counseling with Mark for anger Diagnosis: autism Anxiety disorder, Asperger, autism, learning disability, intellectual disability</p> <p>Additional Information C2 The youngest of the children – some of the questions did not get responses – Responded better to sentence starters B is so ... Diagnosis: Fetal Alcohol, learning and intellectual disability, autism</p> <p>Additional Information C3 Shows signs of not understanding some questions – keep language simple – Won't talk if he doesn't want to answer a question ((Chr) Diagnosis: Anxiety disorder, learning & intellectual disability, Asperger, autism, all over developmental delay fetal alcohol effects</p> <p>Additional Information C4 Has a best friend K* whom she loves to talk about (CR) (O) – Was very worried what she would say would get her into trouble (hyper vigilantly watched her mum) often responded with I don't know began interview with I don't know what to say before I asked anything. – Has had experience talking with the child advocate she talked with her in the privacy of her room discussed this as an option with the next interview and whilst other girls are not around. Beginning of the interview started with "I don't know what to say" this I translated into "I don't know what to say that will not get me into trouble or will please you" (or maybe the presence of nana 21.41 mum stop it) – this needs to be addressed – She switches from calling nana, mum and nana – determine which term she prefers Diagnosis: ADD/ADHD, ODD, Anxiety, Eating, Mood Disorder</p> <p>Additional Information C5 Forgot how to use the comfort cans and mucked it up – disassociated and froze (26.58 minutes) Mummys* = birth mother – Doesn't have a positive self- image – sad, mad and bad (Chr) 5.47min Very clingy to mum (nana) Diagnosis: ADHD/ADD, Anxiety and Eating Disorder – Learning Disability</p> <p>Additional Information C6 Child has recently started contact with her birth father – caregiver not approving of this – it may result in permanent placement with the father – There was an incident with the library card and the father put it under his name this really upset child06 (CR) Diagnosis: Anxiety & Mood Disorder</p> <p>Additional Information C7 Possibly avoidant - Very rapid-fire talking and a lot – other than that he was very friendly and showed little anxiety in any body language (O) - At 5.13 minutes wanted to play Pokemon – started getting bored with Qs - Caregiver useful to prompt his memory (5.05 bad dream)(O) - Excited to be playing a game (9.23) – like doing fun things questions boring - (loves telling stories about his life and his mum and sister) Diagnosis: Nil</p> <p>Additional Information C8 Granny & Grandad – BM = mum (Sh*) BD = dad (T*) S* = Sister - Wants to call her gran + pop mum + dad but pop does not agree with it (potential question to explore further ****) Diagnosis: Nil</p> <p>Additional Information 9 Was the only child who was not going to participate – was hesitant to be recorded and only decided to participate at the very end of my first visit – caregiver was unsure of how he would respond as interviewing is a new experience for him - Drawing a picture for me was his first connecting to me - Nanny + Poppa = caregivers Diagnosis: Nil</p> <p>Additional Information C10 Exposed to mental health interview and managed this fine (CR) - Very eager to participate (O) – first visit - Just got home from school camp, observations very different from first visit (O) – (may have been very tired) - Very active while he talks (Chr) (O) - Diagnosis: ADHD/ADD, Reactive Attachment Disorder (RAD)</p> <p>Additional Information C11 Had a lot of trouble making friendships – (Chr)(CR) engaged in a lot of bullying from very young – 2 yrs – changed only in the last 12 months – bilingual unit forced her to have close proximity to others (CR) - Spoke okay in a CVFs interview at school – she had a teacher with her (CR) Diagnosis: Nil</p> <p>Additional Information C12 Half-brother A* – 2.5 years - Talks a lot about Rated movies he has seen - Recently started respite with his mum with the goal of returning to her care – recently involved in the Significant relationship – S* (uncle) Diagnosis: RAD, Learning Disability, Sensory Disability</p>	<p>Key: Additional Information collated from Child Report (Chr), Caregiver Report (CR) and Observational Data (O) – (Child C1- C12)</p>
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Appendix 7

Child Interview Profile Entries

Design Recommendations C1

Is able to talk while he is building – loves motorbikes especially Ducatis - Motorbike magazine – preferably with Ducatis in it – incorporate something to do with his hands – building activity (Lego) **Setting:** Home environment in hallway as in first interview sufficient – offer choice to child **Structure:** 3x 20 min sections - Break up interview into stages = 3 different activities he can do each when he chooses maybe interspersed with his brothers – 3x 20 min sections - Total interview time 20.24 minutes he asked 'are we finished' don't think he could have gone for much longer

Design Recommendations C2

Did not understand some of the question (O) (Youngest child complicated by learning/intellectual disability) - Responded well to use of sentence starters - Provide a choice of answers - Use concrete examples - Used drawing on the journal – implement drawing techniques with discussion **Setting:** Home environment in hallway as per first interview – offer choice to child **Structure:** Three 20 min sections interspersed with brothers

Design Recommendations C3

Child relaxed more as he got to know the interviewer this was his first meeting (O) Plane book/magazine - Building activity – model plane - Computer questions **Setting:** Home environment – offer him a choice if he wants to conduct interview in a more private setting (separate room rather than the hallway) **Structure:** Three sections interspersed with brothers – offer him the option to do all three sections in a row.

Design Recommendations C4

Possibly Avoidant "I don't know"

Be sure to stop and reassure when the I don't knows start – negotiate with mum to have the interview in a separate setting – finds it difficult to identify her own feelings of worry – needs constant reassurance and affirmation – could use drama (roleplaying) **Start slowly – reinforce safety and ensure privacy** - Has the potential to do a lot of talking (O) **Setting:** Offer choice of lounge without distractions like TV or other children or the more private setting of a room of their choice **Structure:** Three 20 min sections – run one after the other - one section puppets – one section standardized relationship circles – one other section (I remember when I example have you had something like that happen to you (storytelling about real life scenario

Design Recommendations C5

Was easy to engage in interview likes the attention and participates well – willing to talk about sensitive issues with me – **Setting:** worked well – no other children, no TV on and mum sitting within in visual but not hearing distance.

Structure: Standard interview procedures as long as the activities and questions are understood easily – learning disability – keep language simple – check regularly for understanding and reinforce she can't get things wrong or get into trouble - Managed 30 minutes in the first interview may need to be open to breaking the interview into 3 sections

Design Recommendations C6

Explain procedure clearly to begin reinforce inability to get in trouble – be clear about confidentiality (re-word several times throughout) - **Setting:** needs to be within the visual of Nana or within private setting – offer the child a choice of settings **Structure:** Standard interview will be suitable – setting vital presenting factor

Design Recommendations C7

Taking time - Outline work stages (Berson & Melsburger, 1997) - Break interview into 3 stages negotiate time and work periods (20 minutes X 3) - **Setting:** offer some options – to see which he is comfortable – possible settings, home, school, bedroom or office

Structure: Rather than questions – tell me about when What was it like when you first came to live with nan (A more conversational style)

Design Recommendations C8

Has good language skills need to remember she is only 8yrs old better to keep language simple and clarify the purpose of each stage of the interview - **Setting:** Suitable **Structure:** Use concrete examples can you remember a time when you Needs something active to do throughout possibly building or decorating something – work journal and stickers worked on together - Difficulties in the interview were due to language and not understanding the question

Design Recommendations C9

Advanced warning about process (CR) - Clearly state what is to be done and how and why it is to be done (CR) **Setting:** Previous setting suitable – separate lounge in home **Structure:** Standard interview procedure with careful adherence to explaining the procedure and offering STOP card and any permission for recording. - BMW magazine – mention the living on the farm - Drawing a picture and discussing would work well

Design Recommendations C10

Advanced warning about process (CR) - Clearly state what is to be done and how and why it is to be done (CR). Engage in play first and allow him time to settle into the interview (O) (Chr)

Setting: as first visit appropriate (O) - Explore more about who tells him he is not good? How do you know you are not being good? **Structure:** Use stickers and drawing – found it difficult to engage him in a flow of conversation (O) Drawing + discuss – what, why he has drawn what he has

Design Recommendations C11

Setting: as per first interview – whilst busy she was asked and she opted for this – did not want it to be done in the bedroom – offer her a choice of settings and follow her choice (O) (Chr) **Structure:** Be clear about the process, reinforce fun and that it will help others (CR) - Needs to be active and have something to play with (Chr)

Three stages of interview approximately 20 minutes in length began to get bored with the journal (O) - Photos of horses

Design Recommendations C12

Child found it very difficult to stay interested in the questions – had completed the journal already and possibly could not see the point in talking about them?

Setting: Suitable **Structure:** 3 stage interview 20 minutes length – defined work stages broken up into 10 min and then something else – work felt security questions into natural conversations – he responds really well to just conversation and can talk for a long period - Respite questions will be conducted through a casual discussion about the KC camp whilst checking out google and music

Collated from Child Report (Chr), Caregiver Report (CR) and Observational Data (O) – (Child C1- C12)

Appendix 8

Stage 1 Comfort Measures

(Journal) Interview 1

Child	Beginning of Interview	End of Interview	Other Factors
1	Happy	Medium Worry (about the gingerbread man he made breaking)	
2	Happy	Happy	Reported he was sad at the post interview measure
3	Medium Worry	Happy	Big worry when he thinks about school
4	Medium Worry	Happy	
5	Happy	Happy	
6	Happy	Happy	Medium worry when thinking about interviewer coming – big worry when talking about her BM
7	Happy	Happy (relieved)	
8	Happy (excited)	Big Worry (because the interviewer might not return)	Medium worry when talking about bullies at school
9	Small Worry	Happy	Happy when completing the journal before the interviewer arrived
10	Happy	Happy	Big worry when talking about him being ‘bad’ and medium worry when talking about his BF & BM
11	Happy	Happy	
12	Happy	Happy	Small worry when thinking about a rock falling on his house – big worry when he thinks about not living with his BM & BF
Some children asked to indicate ‘other’ factors with the comfort circles, some did not. BM = Birth Mother; BF = Birth Father			

Appendix 9

Stage 1 Comfort Measures and MLUs

Child	Beginning of Interview	End of Interview	MLU (Beg)	MLU (End)
1	Happy	Medium Worry (about the gingerbread man he made breaking)	4.1	4.3
2	Happy	Happy	5.1	2.9
3	Medium Worry	Happy	1.3	2.2
4	Medium Worry	Happy	6.1	8.2
5	Happy	Happy	3.2	4.1
6	Happy	Happy	2.0	1.6
7	Happy	Relieved	8.7	1.6
8	Happy (excited)	Big Worry (because the interviewer might not return)	12.0	5.5
9	Small Worry	Happy	4.6	5.6
10	Happy	Happy	1.8	1.8
11	Happy	Happy	4.8	8.3
12	Happy	Happy	7.0	9.0
Key: The bold MLUs are those which are consistent with the child's reports of comfort if increased MLU reflect increased comfort reporting.				

Appendix 10

Post Interview Outcomes							
Child Report	How were you feeling when I left after the interview?	How are you feeling now?	Do you still wish to continue with the next interviews?	Caregiver Report	How was your child feeling when I left after the interview?	How are they feeling now?	Do they still wish to continue with the next interviews?
Child 1	No worry	No worry	Yes (had difficulty in listening and talking on the phone)		All good, I think he enjoyed it	Ok but he got suspended at school	Yes
Child 2	Small worry (about dad dying)	No worry (excited)	Yes		Enjoyed it talked about it for a couple of days after and told his friends	Good	Yes
Child 3	No worry	No worry	Yes (very talkative – about his projects)				Yes
Child 4	No contact	No contact	No contact		She seemed alright – she has been at PMH for two weeks then respite care	Good because of the attention	Yes
Child 5	No contact	No contact	No contact		She enjoyed it	Good	Yes
Child 6	No contact	No contact	No contact		She was okay – she enjoyed it	Good	I think so
Child 7	It was okay	Okay	Up to you		Yeah okay	Forgotten about it	Ask him (handed the phone to him)
Child 8	Medium worry – upset couldn't wait to get through the holidays	No worry	Yes		Nothing bothered her – so many SWs coming it is water off a ducks back	Feeling positive about it	Ask her (handed the phone to her)
Child 9	No worry	No worry	Yes		Quite happy about it used up all the stickers on his school books	Forgotten about it	I'm sure he will want to
Child 10	Happy	Happy	Yes		Advised his being upset when I left was likely a combination of thing – school camp, kids hassling him about his pull-ups and he got lost	He is quite happy	I'm sure he will want to
Child 11	No worry	No worry	Yes		Good I think she was okay with it	Okay	Ask her (handed phone over)
Child 12	Can't remember	No worry	Yes		No problem	Haven't talked about it	Ask him (handed phone over)

Appendix 11

Individual & Cross Case Analyses (Comparative Data – Interview1 & 2)

Below are the comparative data from the *within* and *cross* case analyses of each of the children's data across the interview 1 and 2 as referred to in Chapter 7.1 and 7.2.

Interviewer Strategies and Skill

Similarities

C2: (S*) Interviewer skills employed negotiation and choices offered to the child increased the quality of responses. For example; the child wanted to answer then play on computer. The participants tone reflected at times the participant was frustrated by the questioning this led to discussions regarding his difficulty in answering. This increased the quality of his responses for a short period after.

Differences

C1: (D) Relationship there was an increased level of collaboration and sense of fluidity, enjoyment and ease on the part of the interviewer in Interviewer 2.

C5: (D*) Interviewer Comfort the interviewer felt the child wanted to stop the interview but every time the interviewer asked the child, the child indicated she wanted to continue. The interviewer started to feel uncomfortable about this as it caused confusion for the interviewer. The interviewer was unsure if the child was continuing on just to 'please' the interviewer or really did want to continue or was trying to communicate in other ways the interviewer was unable to pick up.

CH: are you here all day? - CH: do you want to play fire girl water girl - CH: yes please! (Child provides short assertive answers to questions from here)).

C12: (D*) Discussion of Difficulties in Responding in interview 2 the child does not respond to the interviewer's questions, when the child is asked if he has difficulty with answering and playing on the laptop the child says "no". After this he attends more to the questions and answers them well showing more focus on the interview questions. This could demonstrate the desire to be competent or 'please' the interviewer or may be a strategy to ensure he is allowed to continue playing on the laptop.

C2: (D*) Interviewer Comfort the difficulty in keeping the child engaged in the interview increased the focus required by the interviewer, challenged the interviewers skill, frustrated the interviewer, increased the level of energy required by the interviewer and reduced interviewer comfort.

C5: (D*) Relationship the caregiver left the home setting leaving the child and the interviewer alone during the interview. The child did not seem to re-act to this at all and therefore it is reasonable to assume the child had developed a level of trust in the researcher. This is reinforced by the child's statements (*I: so you're happy? Why are you happy? CH: because I haven't seen you for ages*). This reflected her willingness to share personal information in Interview 1. The caregiver reported that she had concerns about the child behaviour with over familiarity with adults. This has the potential to become an issue when the research ends with the child attaching to the interviewer.

Interviewer Role

Similarities

C12: (S) Adult Topics the child wanted to access R18 games and videos. This required the interviewer to decide which adult role they would adopt, that of adult being child, adult being adult or adult being unusual adult. This case provides a good example of the ethical issues and conflict in adopting an adult role as interviewer.

C7 & C12: (S) Negotiation of Activity both these participants weighed up the costs and benefits of participating and wanted to negotiate more benefits. C7 wanted Yu-Gi-Oh cards and C12 wanted computer time.

Child Competence and Communication Strategies

Similarities

C7: (S*) *Communication Strategies* child uses the same strategies - no reply, ignoring the question and single word replies without the appearance of any thought. The child identified this would be his strategy from the start (Interview 1 "I will not answer if I don't want to").

C8: (S*) *Communication Strategy* child diverts from the activity when it was uncomfortable for her to answer or she was unsure of how to answer - this is more evident across interviews.

C5: (S*) *Communication Strategies* in interview 1 it appeared the child would use a strategy to distract from the question if she did not want to answer it. This also occurred in Interview 2 however it is difficult to say it was a communication strategy as the child had increased distraction problems throughout Interview 2 when she played a difficult game on the computer. The child revealed a very sensitive topic for her anger with her birth father in Interview 2. She then wanted to distract from any questions for a while.

C5: (S) *Competence* the child in Interview 1 appeared to disassociate when asked if she had been confused by the marble activity. The child indicated an awareness of her own competence six times in the Journal Interview. In Interview 2 the child did not indicate any awareness of her competence and did not appear disconcerted with being asked about competence (it this hard for you). She did however refuse to admit she was struggling to answer questions and play the computer game at the same time. The observations and the lack of responses to questions indicated the child's full concentration was required to play the 'new' computer game. The child appears within both interviews to be sensitive to her own competence and ability and therefore it is reasonable to assume she would not voluntarily STOP the interview. This appeared not to alter her reported comfort and appeared to be a fluent (responsive to tasks then forgotten) rather than a fixed/static feeling associated to IWM's. It appears felt security can be momentary (responsive to context) or stable (consistently present) affecting task involvement. For this child it did not appear to dissuade her from participating in the interview task.

C1: (S) *Misunderstanding* there were still occurrences of misunderstanding but these were limited to process in Interview 2 opposed to the questions. This could be helped by better questioning on the part of the interviewer.

C1: (S*) *Communication Strategies* what appeared to be communication strategies to avoid answering in interview 1 (child diverting, no response, I don't know responses) were clarified in interview 2 to be evident of the child being distracted by the activity opposed to being strategies of avoidance. Avoidance could be construed as withdrawal of consent

C3: (S) This child has a simple style of communication with no evident communication strategies. This can be evidenced when comparing his pattern of communication across the two interviews.

C3: (S*) - *Longest Utterance* - In both Interview 1 and Interview 2 the child uses short answers to questions however when he is describing something the number of words used goes up. This was evident when I phoned the participant for a post interview measure after interview 1. He was able to talk on the phone using language effectively and he used long sentences to describe the renovations he was making on his hut. Whilst the participant was discussing the game the length of his sentences became much longer (46 words) compared to longest sentence when answering a question (25 words). This could possibly be related to their comfort levels when discussing sensitive issues but could also be related to the inability to express the feelings associated to being a child in kinship care and missing his birth parents. The later explanation is supported by the child pointing at the comfort measure rather than naming or explaining.

C2: (S*) *Longest Utterance* - there were more occasions of long utterances within Interview 2. The longest utterance in Interview was unusual and resulted from reading what he had already written, the next longest at 20 was about a concrete experience his visit to his counsellor. The longest utterance in Interview 2 was also a concrete experience which he could not only describe but could demonstrate with the graze on his elbow. This appears to be the optimum communication experience for both the participant and the interviewer and closely simulates natural conversation.

C4: (S*) - *Use of I don't know as a response* - the child used this response 17 times in the Journal Interview and 41 times in the Free Choice Interview. This represented 1.8 per minute compared to 2.4 per minute. This indicates a slight increase in the second interview which included more sensitive questions. The child indicated she used this response when she did not know the answer and if she did not understand the question. The questions she responded to in this way often were about her-self and how she felt/acted or thought others

felt/acted. These are complex concepts and it is likely the child finds these difficult to verbalise. This was reinforced when I assisted the child to link a concrete experience to the feeling.

I: You don't know. Do ever get that feeling like you're on a pony when you're thinking about anybody in your family?

C: Um, kind of.

I: Kind of. So who would you get that about?

C: Um, my mom.

C4: (S) - Not knowing what to say - In interview 1 the child indicated she was worried that she would not know what to say. It was difficult to determine why the child had this worry and if it was related to her high use of the "I don't know" response. It appeared the child wanted to give the 'right' answer. This was supported by her request to see what the grandma puppet (the interviewer's puppet) would say in answer to a question in Interview 2. It also appeared the child did not understand the question at times in both Interview 1 and 2. Whilst this occurred at the beginning of both interviews, it became evident her understanding needed to be checked especially at the times she did not know (what to say).

C6: (S*) Diverting (taking a break) - there are times when the child diverts away from the interview and focuses on either the parallel activity or something else. This occurred in both Interview 1 and 2. By comparing Interview 1 and 2 it appeared the child diverted from the interview when she had just revealed sensitive information and when she was distracted. It is reasonable to assume that the child diverts after revealing sensitive information to take a break from the interview to possibly restore comfort levels.

Diversion Example

I: Do you feel different from friends, or how do feel when you see people, kids that are with their moms and dads and stuff like that?

CH: Yeah, I feel a little bit sad.

I: Yeah.

CH: Because I miss my mom.

I: Yeah.

CH: In Canada.

I: Do you spend much time thinking about your mom?

CH: I try not, I try not to worry about it because um, I don't like, I don't want to keep worrying about it.

I: Yeah.

CH: I just try forgetting.

I: You don't like the feeling?

CH: No.

I: You try not to worry about it.

CH: There's no yellow (child diverts).

Distraction Example

P: white one?

CH: it is okay

P: ok, cool and is that in your head your happy head?

CH: yeah, ooh a gingerbread man

C12: (S*) Communication Strategies (D) I don't know - appears to be used a number of ways - as a strategy to change the subject or distract and as an automatic response to a question he cannot be bothered answering or thinking about. In Interview 1 the response was used because he didn't know the answer. It is used way more in Interview 2 and when challenged it appears to be used more as a strategy within Interview 2. The child identifies he uses it when 1/"I can't think of what to say" and 2/ "I don't want to answer" and appears to be used as a strategy when he is embarrassed about a question (how do you feel when your Nana said to me about you watching that stuff at school).

C12: (S) Distracting the Interviewer in both Interview 1 and 2 the child ignores the interviewers questions and engages the interviewer by asking the interviewer a question e.g. have you seen Silent Hill? **(S) - Music** - In both Interview 1 and 2 there is evidence the child is calmed by music, he also reports this himself. When his Nana embarrassed him on one occasion he started singing to himself.

Differences

C10: (D*) *I don't know Responses* The child responded "I don't know" more times in Interview 2 than in Interview 1 - this could have been because the interview was longer or the topics more sensitive (requiring a more complex understanding of confusing emotions). The child explained his use of the responses as "I don't know the answer" once and then later as "Um, I'm probably worried about getting it wrong."

C1: (D*) *I don't know response Interview* 2 there were no I don't know responses instead he identified if a question was too hard to answer.

C1: (D*) *No Response Interview* 1 child didn't respond when questioned about his anger. Interview 2 the child was more willing to discuss a wider range of emotions. This was facilitated by the wider range of comfort circles.

C1: (D*) *Distractions and Diverting from Interview* the child diverted or was distracted by the parallel activity more in Interview 2 however verbally identified it was easier to concentrate on one or the other and worked collaboratively with the interviewer to manage the play/question strategy with the activity.

C11: (D) *Imaginative Talk* interview 1 had imaginative talk flowing throughout the entire interview whilst Interview 2 had one statement for the entire interview that was imaginative (people at camp being eaten) which added "no I'm kidding" to straight away. Unfortunately this change may be confounded by the child beginning Intermediate between Interview 1 and Interview 2 (where children are expected to behave more maturely) and therefore we cannot reasonably assume the imaginative talk was a coping strategy engaged when nervous. In listening intently to the audios it became apparent the imaginative talk was of two kinds; first imaginative play talk (with actors voices and baby talk) and secondly made up stories which the interviewer struggled to determine the truth. Two examples of this was the pirates in the trees (began with a description of a coping strategy she used when she was not feeling good) and the homeless dad story (when she adopted a serious voice to intentionally fool the interviewer). She owned up to the mistruth as soon as she saw the interviewer had believed her.

Child Characteristics

Similarities

C12: (S*) *Boredom* this child also had issues with boredom with the questioning but really enjoyed the activity so this resulted in him just responding with "uhhs and mms" to the questions. Sometimes he stopped and said "what did you say?" This participant gets bored answering questions it is only fun if he is doing things he shouldn't be allowed to do. His definition of fun is accessing adult material, being away from home where he is not "bossed around".

C11: (S*) *Boredom* this child showed signs of boredom during the computer activity (yawning, sighing, and frustration). This occurred about the same time as in interview 1.

C7: (S*) *Boredom* this child expressed boredom in both interviews specifically about the interview questions.

C4: (S*) *Internalised Factors* the child appears to have difficulty in identifying the way she feels and what is good about her. This was evident in Interview 1 where she refuted affirmations and needed prompting from her grandmother and in Interview 2 where she ignored affirmations and responded "I don't know" many times when asked about how she felt. Even when using the Comfort Measure she had difficulty in identifying her emotions.

C5: (S) *Pleasing the Interviewer* the child discusses within both Interview 1 and Interview 2 the enjoyment of helping the caregiver even if it is not required. This could indicate a potential to be pleasing to the interviewer. This could support the supposition that the child would not admit to wanting to stop the interview in the desire to please the interviewer.

C10: (S*) *Attachment to Interviewer* the child when answering questions about who he misses includes the interviewer in his answers. This has occurred in both interviews 1 & 2 and may indicate attachment to the interviewer. This can be a cause for concern when it is time for the research to end. A post research interview should be conducted six months after the project has concluded.

C10: (S) *Language Use* the child has limited language use and answers questions literally. This is stable across Interview 1 and 2. The child's language limitations are very evident in comparison to the other children and he

answers questions in a literal manner. School would be very tiring for him needing interview times to be organised in the weekend rather than after school. This was evident in his sobbing at the end on interview 1.

C5: (S) *Language Use* this child has a language disability and can get words mixed up this can be quite confusing for the interviewer at times. The child has a reoccurrence of just saying seemingly illogical statements out of the blue. This can throw the interviewer off track with questioning. This was typical in both Interview 1 and Interview 2 and demonstrates a relatively stable child characteristic influencing communication style rather than communication strategy. Seemingly conflicting answers appeared to be linked to language use and communication style rather than a communication strategy. Need to be very basic and literal with the language e.g. what would make you happier - instead what would make you happier when we are talking - is there anything I can do that would make you happier when we talk? Keep the questions short.

C9: (S) *Fears and Anxiety* the child was shaky and trembling at times during the early stages of the interview, this appears to be a state he encounters as it doesn't affect his functioning or participation. His shyness and dislike of talking to the recorder is very evident.

C6: (S) *Discomfort* in both Interview 1 and 2 the child was nervous at the beginning and then progressively became less nervous. The child clearly identified that the nervousness was because she was worried about; who I would tell the information to because she was worried about getting into trouble and she wanted to make me happy. The child became really happy and excited about talking towards the end of the interviews. The confidentiality information was provided before beginning both the interviews however this needed to be repeated at times throughout the interviews. It appears and is reasonable to assume that if a child is nervous at the beginning of the interview process they may not 'hear' and absorb the initial information and instructions.

I: Which was the easiest for you to talk about and which was the hardest?

CH: Being liked.

I: Was that the easiest?

CH: And worried. That's the one with E.

I: Easiest.

CH: Easiest. I couldn't reach them.

I: Was there one that was really hard to talk about or were they all okay?

CH: That one, the top one.

I: Doing things. What made that hard?

CH: Because since that was my first one. I was really nervous.

I: Okay.

CH: That's why maybe.

I: It was harder.

CH: Yeah and then the living with your parents, that kind of got easier and then being liked and then.

I: As you went through it.

CH: Being away from and then worried because I said if you seen it, when we were talking about doing things you said that you won't tell anyone. Then it got easier.

C7: (S) *Keeping Things* this child asked for the yu-gi-oh cards and the stickers in both interviews being interested in what he could keep. The child indirectly 'sounded out' the purchase of yu-gi-oh cards in relation to completing the next activity.

C8: (S) *Keeping Things* this child liked the stickers and craft activities I brought however she engaged in 7 activities starting each one and not finishing it - asking for and wanting to keep things. "Liked the stuff."

C12: (S*) *Focus* this child presents the highest on the ACC scale and appears to struggle to stay focused on anything except Xbox which he was playing when I arrived (this was offered as an parallel activity choice for the interview). Whilst he could stay focused on the laptop he moved from site to site without staying focused on one for long.

C12: (S) *Distractions* the child was easily distracted and often encouraged the interviewer to be distracted (this was evident across both Interview 1 and 2). The computer in Interview 1 created more opportunities for distraction and this could possibly be attributed to the length of Interview 2 being much longer than Interview 1. All the topics were completed though and the child provided substantial answers for the topics. He offered little additional information which he did more of than in Interview 1.

Differences

C11: (D*) Concentration in interview 2 the child identified that when she needed to concentrate on the game she was playing it was too difficult for her to answer the interview questions. Whilst she did respond to the questions it was obvious to the interviewer that the child was distracted and that the child was just giving answers without giving them any thought. The answers therefore were not authentic. These times were easily detected by the interviewer as they accompanied by slowed speech, sometimes whimpering or talking to the self and an intense stare at the game/activity. This distraction only occurred during engagement with the computer activity

C2: (D) Participant Comfort the participant appeared highly frustrated by the questioning at times (this was evidenced by his blushing at times). He reported he was glad it was over, relieved as he had to talk a lot. Interview 1 allowed the participant to easily flow from demonstrating, pointing at a prop and talking. This method appeared more comfortable for the child. Interview 1 he indicated happy at the beginning and the end of the interview. Interview 2, he indicated happy/excited at the beginning and relieved at the end.

C11: (D) Tone and Volume in Interview 1 the child was very; loud, excitable, laughed and giggled and used imaginative talk and her humour most of the way through the interview time. In interview 2 whilst the child engaged in the computer activity she was quite, slow answers and short utterances. When the child engaged in the craft activity the tone was relaxed the timing and volume of her speech was even. This indicated the child's most relaxed time throughout the interviews appears to be when she was engaged in the craft activities. It is important to note also that the change of activities was at (approximately 45 minutes) which is longer than Interview 1 in its entirety. The child indicated she was bored at 26.28 minutes in Interview 1. This statement was corrected immediately to lazy however her behaviour became silly and she appeared to be bored but being 'nice' to the interviewer.

C11: (D) Baby Talk there was baby talk present in Interview 1 and the child stated that this was because she was happy. In Interview 1 the child and the interviewer bounced off each other in some imaginative play talk and sometimes when she spoke of her BF. The baby talk was absent from Interview 2.

Child Roles

Similarities

C2: (S) Being Equal the child challenged, corrected, negotiated with and directed the interviewer in both interview 1 and interview 2. This suggests this is either the regular communication strategies used by the child with adults or a common part factor within their communication style.

C7: (S) Being Equal the child tries to maintain his child play agenda, negotiate on his terms and uses communication strategies that could be considered familiar with achieving equal power with the interviewer. Some may refer to these strategies as manipulative but they achieve the desired result of equalising the power between the interviewer and the child.

C12: (S) Being Adult the interview with child 12 brought about some specific ethical challenges. The child wanted to access to R16 and R18 material. I had to make a decision about whether to step in with adult authority. I chose not to instead we negotiated how to handle the issue, resulting in a collaborative decision to just look at the trailers and not access the games. The child decided himself to turn the volume down because of swearing.

C12: (S) Adult Material this child pushes the boundaries on what he can access and not access. This presented ethical dilemmas and some discomfort for the interviewer - especially when the caregiver would at times have a look over their shoulders and show disapprovals. In interview 2 this became more of a problem as by using the computer the child was able to access inappropriate material. Rules were negotiated over the interview time and the child showed sensitivity to the interviewer by turning the volume down on offensive language. The interviewer did not impose any restrictions but did identify when she didn't like something - e.g. bloody violence on a game where the interviewer turned her head away and said yuk. The child was respectful of this.

C7: (S) Negotiating (being adult/equal) this child hinted at the interviewer buying a pack of Yu Gi Oh cards for him and he would feel okay about completing the next set of interviews, whilst he did not push this point he made it subtly clear.

C12: (S) Negotiating (being adult/equal) At the end of the activity, the child was shown the next interview activity; he said he would do it only if I brought the computer again. It was negotiated that he completes the interview activity and then he could spend 30 minutes on the laptop afterwards.

Ethical Issues

Similarities

C7: (S) Ethical Concerns the child identifies how he did not actually want to do the research because the caregiver volunteered him for the research. He continued to do the research because the games and activities were fun but found the questions boring. The child stated in interview 1 “I don’t want to get anyone in trouble (his mum or nan)” and he identified he would not reply if he did not want to answer.

C9: (S*) Confidentiality The child had clear concerns about who was going to know about the information he shared. This was raised extensively prior to him allowing the recording to occur in Interview 1, it was discussed at the first visit when he was unsure of whether he would participate and then Interview 2 at the end twice. This could also be linked to his fear of being recorded, the child did not identify this even though he has been forthcoming and consistent in his responses when he knows or doesn't know something. He stopped talking when the caregiver interrupted.

C6: (S*) Confidentiality Expressed her nervousness was about not knowing where her information would go.

C11: (S*) On-going Consent Observational notes indicate the child participant was more relaxed in the craft activity appearing to achieve a flow state and forgetting the interview process, this highlighted the nature of the on-going consent process, she reminds me the recorder is still going – requiring on going consent. This occurred in Interview 1 also when she was discussing ‘wetting her bed’.

External Influences

Similarities

C8: (S*) Awareness of Recorder no awareness in interview 2, however it did (somehow?) get turned off during the interview. She reported her discomfort with the recorder in interview 1 (only reported this in interview 2) and advised she was okay with it now. This was related to her hearing her voice recorded.

C12: (S) Caregiver Interactions involves the caregiver a lot in the interview, wanting to share information with her all the time. This was similar between the two Interviews.

C5: (S) Interview Interruptions child initiates interruptions within the interview often in both Interview 1 and Interview 2 to include her caregiver. When asked about this she identifies it as follows:
(I: So while we were doing his you always sort of go over and share things with mum and stuff like that, why do you do that? CH: Because I love her?)

C9: (S) Fear of Recorder the child has remained fearful of the recorder and it has not been established what is the cause of his fear. The child doesn't seem to be able to put words to it. The child has a fear of public speaking, worries about the confidentiality aspect as he identified this as an important issue when getting 'other' children to talk when interviewing them. The child appeared more upset in Interview 2 than in Interview 1 - this may have reflected the way in which the interviewer dealt with. In interview 2 the interviewer wanted to explore the reasons more so more emphasis was placed on the issue - it appears it is to do with or similar to his fear of public speaking or linked to his not wanting to be in trouble.

C5: (D*) Awareness of Recorder at 26 minutes in interview 1 the child became aware of the recorder - approximately 25 minutes in interview 2 the child gave their first no response because of distraction. This is likely to be the best time for child. This is not evident from the interviews though as the child provided ample of information after this time, however the information was much harder to elicit. This however could have been related to the child engaging in the computer activity.

Differences

C11: (D*) Awareness of Recorder when she was engaged in the craft she forgot we were interviewing and was surprised when she realised the recorder had been on for the whole time. Interview 1 she made silly noises into the recorder this did not occur in interview 2.

C12: (D*) Awareness of Recorder the child made silly noises into the recorder in interview 1 this did not occur in interview 2.

C3: (D*) School Change the participant's enjoyment of school has changed considerably since the first interview (this was reflected in his confidence in talking about school) - this likely to be because of school change from primary to high school.

C11: (D*) School Change the participants' demeanour changed considerably from interview 1 to interview 2. It was difficult to identify if this was because she had started intermediate and was acting more mature or whether she was less nervous with the interviewer. She did not engage in imaginative or baby talk at any time in interview 2 in comparison to most of the time in interview 1.

C4: (S) - Prompting - In Interview 1 the caregiver prompted the child in her answers; in Interview 2 the caregiver was not present. It was apparent throughout Interview 2 that the interviewer's prompts were necessary to elicit answers at times. This technique was used when the child responded "I don't know" and the prompt was in the form of a concrete example provided by the interviewer using long pauses to allow the child to interject at any time.

P: Um, if I had to go to somewhere where I thought that lots of people didn't like me. Or had to go to somewhere where um...

CH: That was scary.

Child Engagement with the Interview Method

Similarities

C2: (S*) Props the comfort measure and stickers were successful in drawing the participant's attention back to the interview task.

C1: (S*) Props & Activity the child showed in both interviews that he works well with interview props (journal, stickers and comfort measures) and requires an activity to answer questions well and can do this well.

C9: (S*) - Props and Drawing - In interview 1 the child engaged with the journal by putting on stickers and drawing extras bit on it all the way through. In interview 2 the activity the child chose was to draw (he is an exceptional artist) but his use of props was evident in his reliance on pointing at the circles to identify or describe his emotions.

C2: (S*) Use of Props the child was heavily reliant on the props to clarify and improve communication with the interviewer. In Interview 1 the props were more specific to the questioning and assisted with the communication. In interview 2 the only props available were the stickers and the comfort circles. The child used these, a number of times to communicate how he was feeling. The child preferred to point to the props rather than speaking. This reinforced his verbal point he made "glad it is over" and in answer to what is so hard about the questions "that I have to talk a lot". The comfort measures and stickers were successful in getting the participants attention back onto the interview questions in both interview 1 and 2. The child found it easier to demonstrate therefore the use of computer to elicit information about doing things was helpful.

C6: (S*) Use of Props - The child was unable to identify the why she didn't like doing things on her own but was able to show how she felt on the circles which then led to her identifying why she didn't like doing things on her own. This illustrates how the props are not only useful but provide a means to facilitate further exploration of the 'whys' of behaviour. Adults find it difficult to identify why they do what they do and these questions are just as hard for children and can be a cause of discomfort. Q. If I ask you a question that you don't know the answer to how does that make you feel?

I: Do you know why you don't like doing things on your own?

CH: No (*utterance 58*).

I: You don't like doing things on your own?

CH: No (*utterance 71*).

I: When you're doing things on your own, which circle do you think you'd feel? When you have to do something on your own?

CH: Worried (*utterance 80*).

I: That's a big one, medium, or a little?

CH: A big one.

I: Big worry.

CH: Mm-hmm.

I: Do you know what you're worried about?

CH: Mmm.

I: What do you worry about when you have to do something on your own?

CH: I just feel like I don't like being on my own. I'm scared a lot on my own.

I: You're scared when you're on own?

CH: Yeah.

I: Yeah. Do you worry about getting in trouble?

CH: Yes.

CH: I lost my safety hats because we might be moving. I lost my safety vest. I got probably too scared that I'll get told off by teacher, by a teacher because I rode my bike to school without a safety vest.

I: Yeah.

C: I don't like when I have to get told off by the teacher, so in morning when I would go to school I told Ms. Evan that we're moving stuff and I cannot find safety vest. I've lost my safety vest. So I didn't get in trouble.

C7: (S) Activities Fun and Questions Boring in both interviews the child was clear about not enjoying the questions. Initially he was excited by the stickers but then this wore off. The child was clearly more focused on the game playing than the research questions or process.

Differences

C8: (D*) Props the child uses the comfort measure to identify emotions if she struggles to explain.

C8: (D*) Emotional Identification this child was better able to identify the emotions using the prop (greater range of emotions).

C1: (D*) STOP the participant thought the STOP card was to change activities, not to STOP the entire interview process. This was similar with other participants.

C5: (D*) STOP card the child did not use the STOP card but it appears unlikely that this child would use the STOP card. It seemed hard for the child to keep talking and doing the activity simultaneously. The child appeared reluctant to identify when she could not understand even though the interviewer gave her permission to. Even if this child was offered the STOP card it would be unlikely she would use it.

C7: (D*) STOP used the STOP card but wanted to proceed with the activity so decided to continue answering the stupid questions. Asked question about his dad then 1.29 minutes later STOP card was put down - it was the first question after this. His body language and tone did not appear upset - just wanted to play and not answer questions as he reported. It is noted the STOP card was put down at 44 minutes into the interview which was nearly twice the time length of interview 1. His first request to play in interview 1 was at 5 minutes into the interview. **Interesting Note:** It was evident the child wanted to stop answering the questions and just play. He presented the STOP card saying he was bored with the questions but as soon as the interviewer indicated that the questions would stop the child found a way to finish up the game also.

C3: (D*) STOP the participant thought the STOP card was to change activities, not to STOP the entire interview process. This was similar with other participants.

C5: (D*) Activities the child answered questions easily and fully when engaged in the craft activity. In the 'mathletics' game (the child chose) she was still able to answer the questions however with a slightly slower response time. It was difficult to compare the activity choices because the mirror activity was early on in the interview and the distraction and no response occurred late in the interview hence may have been because of tiredness (and interview length).

C1: (D*) Computer Difficulty the participant identified it would be better if he answered questions in between playing the computer games as this would be easier.

C3: (D*) Computer Difficulty the participant was distracted when the game was harder and required more concentration - this was evidenced by answers becoming single word, vague and the participant not hearing and needing the questions to be repeated.

C5: (D*) Computer Difficulty there was a significant increase in the distractions for this child when the computer game was new and the child had no previous experience with the game. It became hard and required increased attention. This child however would not admit that it was difficult for her. This provides a good example of children being unable or unwilling to report on their own behaviours. There were discrepancies between observational data and reported behaviour.

C2: (D*) Computer Difficulty the computer disrupted the child's focus and increased the amount of times the child was distracted compared to Interview 1 (taking into account the time length differences), it appeared to also, reduce the accuracy of his reporting as he just gave short and abrupt answers to allow him to return to the computer activity. Mostly he did not even stop the computer activity and answered whilst still engaged in the computer game. In Interview 1 he was distracted 2 times over the 13.35 whilst in Interview 2 he was distracted 20 times over the 53.57 minutes. The more difficult the computer activity the more distracted the child became. While computer was loading there was opportunity to return to topic, more challenging games/activities on the computer reduced response quality.

C11: (D*) Computer Difficulty the child seemed to provide more information and was more responsive when she was engaged in the craft activities opposed to the computer activity. She appeared to need to concentrate more on the computer making it difficult for her to respond.

C12: (D*) Computer Difficulty the child was unable to remain focused on the questions for a long period of time. When asked he eventually admitted he was unable to answer questions whilst on the computer and agreed to answer questions and then do some stuff on the computer. However this soon lapsed.

C10: (D*) Puppets the child used the puppet well to explain his feelings in Interview 2.

C4: (D*) Puppets the puppets were used by the interviewer when the "I don't know" response was used by the child. The puppets were useful at times to assist the child to answer the question. At one stage the child asked "what would grandma (one of the puppets) say? The grandma had previously been the interviewer's character and the child appeared to want the interviewer to give some answers to the question. The child appeared happy on the computer and was not particularly interested in the other activity items. She did not even ask to take the craft activity she did not use.

C8: (D*) Puppet Use this child asks to use the puppets to say something she did not comfortable about

C3: (D*) Emotions the emotions (therefore the comfort levels) of children are not static throughout the interview. This is similar to all the participants and therefore places importance on the beginning and the end of the interview when maintaining comfort for the participants.

C8: (D*) Emotions the emotions were fluid throughout the interview process but do not necessarily reflect on the beginning and end comfort measures. This would indicate it is the beginning and the end of the interview that is the most important to ensure no long-term negative impacts on participants wellbeing.

Differences

C5: (D*) Level of Distraction interview 1 was much shorter than interview 2 so it is difficult to compare how this affected distraction levels. However the response rate became slower when the child started the computer activity (22.53). At 26.0 minutes in Interview 1 the child checked the recording device for the time. When the child was asked if it is too hard to talk whilst doing the activity, there was a temporary improvement in response rate and length. From 51.07 the questioning becomes very hard because of the computer distraction when questioned though the child continues on and doesn't want the questions to stop. This could however have been in response to the child talking about being angry at her birth father (50.20). It took 15 responses before the child offered any relevant information after identifying she was angry with her father. The distraction reduced again toward the end of the interview however answers were accompanied by a lot of sighing.

C11: *Differences in Activities* this child's use of the different activities provides a good comparison between computer and craft activity. Observational notes indicate the child participant was more relaxed in the craft activity appearing to achieve a flow state and forgetting the interview process, this highlighted the nature of the on-going consent process. The child was observed to be bored with the interview questions during the computer activity (yawning and increased IDK responses (4 to 1), yet was prompting the interviewer to continue with the questions earlier, comments positively on her own behaviour yet advises other kids may find computer frustrating.

Natural Conversation Flow

Similarities and Patterns

C4: (S*) *Natural Conversation Flow* the child was able and willing to describe and share personal information and had bursts of natural conversation flows. This is evident of the child's comfort with concrete information and experiences. Her longest utterances in both interview 1 and 2 were when she was recounting an experience.

C12: (S*) *Natural Conversation* the child was able to communicate well when he was discussing something that he was interested in. The use of open questions or closed questions became unimportant and he discussed information he wanted to in a relaxed manner. His utterances got longer and the interviewer's utterances got shorter in response.

C7: (S*) *Concrete Experience* the child forgot his boredom when he was relating an experience he had. This was seen in conversations that were upsetting for him (his baby sister) as well as in his discussion about the game activity.

Differences

C8: (D* - *Increased*) *Natural Conversation Flow* there was only one example of natural flow in interview 1 whilst interview 2 had a regular natural conversation flow consistently throughout the interview accompanied by natural interruptions.

C11: (D*) *Natural Conversation* upon the change over from the computer to the craft activity this child was more vocal and relaxed into a natural conversation style answering questions through concrete experiences. It is likely this represents the child's most comfortable state when discussing her experiences.

C1: (D*) *Natural Conversation* had periods of natural conversation flow in Interview 2 whilst there were none in Interview 1

C7: (D*) *Concrete Examples* in interview 1 = more use of relaying concrete experiences this did not occur during Interview 2.

Felt Security Topics

Similarities

C8: (S) *Topics* in interview 1 = caregivers (felt security) - siblings (felt insecurity) - interviewer (felt insecurity) Interview 2 = Caregiver (felt security and felt insecurity) - siblings (felt insecurity) - BP (felt insecurity).

C10: (S) *Bullying, Peer Relationships & Annoying* this topic was raised in Interview 1 and 2 and appears to be an on-going concern for the child. He identifies he has never been bullied but fears this when he sees 'the bullies'. He identifies his behaviour is often considered annoying and he thinks people don't understand he is playing tricks.

C9: (S) *Sibling & Getting in Trouble* the child raised his sibling as a source of annoyance in both Interview 1 (without prompting) and in Interview 2 (in response to the topic of being liked). This topic seems to be troubling for the child. The topic of getting in trouble was brought up in Interview 1 (without prompting) and in interview 2.

Differences

C1: (D) *Felt Security Topics* Interview 1, there was no discussions about potentially sensitive information except he touched on being worried by a friend that tried to scare him - Interview 2 there was discussion about

the caregiver, bullying and his birth mother. Whilst questions may have led to this he raised the information himself.

C5: (D) *Felt Security Topics* the questions in Interview 1 elicited topics including loneliness, competence, caregiver attachment, grandfather attachment and grief. In Interview 2 the questions expanded these topics to included siblings, step father, birth mother and father; and safety. The child revealed a very sensitive topic for her anger with her birth father in Interview 2. She then wanted to distract from any questions for a while.

(*) Indicates the factors that are repeated *across* the child participants' data.

Appendix 12

Summary Descriptions of Individual Case Characteristics

Child One who named himself D was an 8 year old male of Maori/New Zealand ethnicity. He was in the care of his grandparents and was formally adopted by them. He entered into care at 2.5 years of age after experiencing physical, emotional and psychological abuse. He also experienced neglect and had witnessed domestic violence. He had no previous placements before coming into care and there were no expectations he would return to his birth parents care. He had no contact with his birth mother and sporadic phone contact with his birth father. He had a reported diagnosis of anxiety, learning and intellectual disability and Asperger's. His reported ACC scores were within the clinical range for non-reciprocal behaviour and self-injury and the elevated range for anxious-distrustful behaviours. His total composite ACC score fell within the clinical range. His total composite score on the self-esteem scales fell within the normal range.

Child Two who named himself Bumblebee was a six year old male of Maori/New Zealand ethnicity. He was in the care of his grandparents and was formally adopted by them. He entered into care at the age of 9 months after witnessing domestic violence. He had no previous placements and there were no expectations he would return to the care of his birth parents. He had sporadic contact by phone with his birth mother and was unsure of who his birth father was. He had a reported diagnosis of learning and intellectual disability, Asperger and/or Foetal Alcohol syndrome. His reported ACC scores were within the clinical range for pseudo-mature, non-reciprocal and indiscriminate behaviours and the elevated range for food maintenance. His total composite ACC score fell within the clinical range. His total composite score on the self-esteem scales fell within the normal range.

Child Three who named himself Octimus Prime was a 12 year old male of Maori/New Zealand ethnicity. He was in the care of his grandparents and was formally adopted by them. He entered into care after experiencing physical, emotional and psychological abuse. He also experienced neglect and witnessed domestic violence until the age of 5 years. He had no previous placements and there were no expectations he would return to his birth parents care. He had sporadic contact with both his birth parents by phone. He had a reported diagnosis of anxiety, learning and intellectual disability, Asperger's and/or Foetal Alcohol syndrome. His reported ACC scores were elevated for pseudo-mature, non-reciprocal and indiscriminate behaviours with a clinical score for insecure behaviours. His total composite ACC score fell

within the borderline clinical range. His total composite score on the self-esteem scales fell within the normal range.

Child one, two and three were siblings of the same mother and different fathers they considered their grandparents to be their mum and dad.

Child Four who named herself Ditty was an 8 year old female of ‘other’ ethnicity. She entered into care at the age of 6 years after experiencing physical, emotional and psychological abuse. She had also experienced neglect and witnessed domestic violence. She had one previous placement and there were no expectations she would return to her birth parents care. She had regular weekly phone contact with her birth father from overseas and sporadic phone contact with her birth mother. She had a reported diagnosis of ADD/ADHD, ODD and an anxiety and mood disorder and she was taking medication. Her reported ACC scores were within the clinical range for pseudo-mature, non-reciprocal, indiscriminate, insecure and food maintenance behaviours. Her total composite ACC score fell within the clinical range. Her total composite score on the self-esteem scales fell within the normal range.

Child Five who named herself Bob was a ten year old girl of New Zealand European ethnicity. She entered into care when she was 2 months old after experiencing physical and sexual abuse and had also witnessed domestic violence. She had no previous placements and there were no expectations she would return to her birth parents care. She had not had contact with her birth mother since she left her care and was unsure of who the birth father was. She considered her (now deceased) grandfather and her dad and grandmother her mum. She had a reported diagnosis of ADD/ADHD and an anxiety and eating disorder, she was taking medication. Her reported ACC scores were within the clinical range for pseudo-mature, indiscriminate, insecure and anxious-distrustful behaviours. Her total composite ACC score fell within the clinical range. Her total composite score on the self-esteem scales fell within the borderline clinical range.

Child Six who named herself Noodles was a nine year old girl of ‘other’ ethnicity. She entered care when she was seven years old after experiencing physical abuse and neglect and had witnessed domestic violence. She had one previous placement and there were no expectations she would return to her birth mothers care. There were however expectations she may return to the fulltime care of her birth father. She had regular weekly phone contact with her sister’s birth father (her step father who she was raised by) from overseas and sporadic

phone contact with her birth mother. She spent the weekend every fortnight with her birth father that she was reported to have met 18 months prior. She was reported to have an anxiety and mood disorder. Her reported ACC scores were within the clinical range for pseudo-mature behaviours and within the elevated range for non-reciprocal and insecure behaviours. Her total composite ACC score were at the high end of the normal range. Her total composite score on the self-esteem scales were at the high end of the normal range.

Child six and four were siblings with different fathers and the same mother whilst child five was their cousin. They all resided together with their grandmother.

Child Seven who named himself Yu-Gi-Oh but later changed it to the Dark Magician was of Maori/New Zealand European ethnicity. He was in the care of his grandmother and was the only child in her care. He entered her care at the age of six years old after experiencing physical, emotional and psychological abuse. He also experienced neglect and witnessed domestic violence. He had three previous placements and it was expected he would return to his birth mothers care at some time. He had regular contact with his birth mother and contact with his half-sister four times per year. It was reported he was not allowed by Child, Youth and Family to have contact with his birth father that was in prison. He had no reported diagnoses. His reported ACC scores were within the clinical range for insecure and anxious-distrustful behaviours and within the elevated range for non-reciprocal behaviours. His total composite ACC score fell within the clinical range. His total composite score on the self-esteem scale fell within the normal range.

Child Eight who named herself Rose was an eight year old girl of New Zealand European ethnicity. She was in the care of her grandparents. She entered into care at the age of three after experiencing physical, emotional and psychological abuse. She also experienced neglect and witnessed domestic violence. She had no previous placements and there were no expectations that she would be returned to her birth parents care. She had sporadic contact with her birth mother and her birth father had a protection order in place with provisions of no contact. She had no reported diagnoses. Her reported ACC scores were within the clinical range for indiscriminate behaviours and within the elevated range for pseudo-mature and insecure behaviours. Her total composite ACC score fell within the normal range. Her total composite score on the self-esteem scale fell within the normal range.

Child Nine who named himself Sonic was an eight year old male of Maori/New Zealand European ethnicity. He was in the care of his grandparents. He entered care at the age of two

years after experiencing neglect and witnessing domestic violence. He had one previous placement and there were no expectations he would return to his birth parents care. He had regular contact with his birth parents every four or five weeks for a few hours unsupervised at their home. He had no reported diagnoses. His reported ACC scores were within the elevated range for indiscriminate and abnormal pain response. His total composite ACC score fell within the normal range. His total composite self-esteem score fell within the normal range.

Child Ten who named himself Spongebob was nine years old and of Maori/New Zealand European ethnicity. He was in the care of his grandparents. He entered care at the age of three and five months after experiencing neglect, emotional and psychological abuse and witnessing domestic violence. He had one previous placement and there was no expectation that he would return to his birth parents care. He had regular contact with his birth parents every four or five weeks for a few hours unsupervised at their home. He had a reported diagnosis of ADD/ADHD and RAD. His reported ACC scores were within the clinical range for non-reciprocal behaviours and abnormal pain response and within the elevated range for indiscriminate behaviours. His total composite ACC score fell within the clinical range. His total composite self-esteem score fell within the normal range.

Both child nine and ten lived with the same set of grandparents and were siblings of the same birth parents.

Child Eleven who named herself S was an eleven year old female of 'other' ethnicity. She was in the care of her grandparents. She entered care at the age of two and was reported to have no experiencing of abuse. She had no previous placements and there was no expectation that she would return to her birth parents care. She had unlimited contact with both her birth parents. He had no reported diagnoses. Her reported ACC scores were within the elevated range for pseudo-mature, non-reciprocal and anxious-distrustful behaviours. Her total composite ACC score fell within the normal range. Her total composite self-esteem score fell within the normal range.

Child Twelve who named himself Rob Zombie was a nine year old male of New Zealand European ethnicity. He was in the care of his grandmother. He entered care at the age of three after experiencing emotional and psychological abuse and had witnessed domestic violence. He had no previous placements and there were some expectations he may return to the care of his birth mother. He had regular supervised contacts with his birth mother progressing to overnight stays. His contact with his birth father was sporadic. He was reported to have a

diagnosis of RAD and a learning, sensory and intellectual disability. His reported ACC scores were within the clinical ranges for sexual behaviour, pseudo-mature, non-reciprocal, indiscriminate, insecure, anxious-distrustful, and self-injury behaviours. They were in the elevated range for food maintenance. His total composite ACC score was within the high end of the clinical range. His total composite self-esteem score was within the normal range.

Appendix 13

Example of Field Notes

Interview 1 Journal (Interview Profile) – Child 11

Child 11 was very unwilling to engage at first – found out the caregiver had not discussed with her prior to my visit – moved to a more relaxed engaged stance the longer I was there – by the time I left she was fully engaged, excited and behaved as if she had known me forever (0) The ice was broken when I got her to teach me how to save my document onto the computer and affirmed her for this (0) Child reported she just didn't want to talk to me – (20 min)

Child responded very well to food and indicated her ideal interview would be a tea party (31.28)

Anxiety caused by not being at home and unfamiliar adults

Developed baby talk – her BF was present in the home when the interview took place – baby talk was identified by an auntie – and was discussed (33.18)

I know it is going to be ok it is going to be fun (30 min)

Get it in my head – 1.01 think about the past – good and bad things that have happened (1.30) (5.34) was okay to have close proximity

Worry when children tease me at school about not living with my parents (3.10) medium big worry that I would lose my grandparents and I wouldn't have anyone to live with (3.34)

12.44 find it hard to make friends get really scared to talk to people

26.59 I am bored no lazy 28.12 I changed my responses and got more serious with her (not as forthcoming with information) 29.06 what's your next question?

31.28 And I got chippies –

33.18 – baby talk = happy

35.17 = scared of making friends I will try just be quiet and wait until they want to be my friend

Ideal interview on computer, at a tea party with lots and lots of food and at the horse riding center but she doesn't think she could focus on talking

Design Recommendations

Setting as per first interview – whilst the setting was busy she was asked and she opted for this setting – did not want it to be done in the bedroom – offer her a choice of settings and follow her choice (0) (ChR)

Be clear about the process, reinforce fun and that it will help others (CR)

Needs to be active and have something to play with (ChR)

Three stages of interview approx. 20 mins in length began to get bored with the journal (0)

Photos of horses

Interview 1 – (Memos - Journal Interview)

Child uses humour and provides additional information without the interviewer prompting.

The child participant frequently uses changes in her tone and voice to express herself

(engaging in 'baby talk' and character (actor) voices. The child participant uses gestures to aid her communication and expects the interviewer to understand (an example of this is when she discusses her happiness living with her caregiver and does not finish the sentence but

instead smiles broadly). The participant engages in imaginative talk at times and appears to enjoy the imaginative talk using character voices for emphasis. At times during the imaginative talk she changed to a serious tone when she was being honest (her father sleeping in a shopping cart). The participant used her humour a lot in the imaginative talk but would correct the interviewer's belief if it was not correct. The participant avoided some subjects though engaging in the 'character voices' or 'baby talk' and diverting the interview. The participant talked freely about her father (whose presence in the house at the time may have instigated this) however comments about her mother were noticeably absent. Whilst she laughed frequently and loudly there was one instance of a nervous laugh when identifying she had missed completing one of the questions. The participant was able to dispute any of the interviewer's suggestive comments.

The participant was able to verbalise when she found something difficult to do. The participant's language ability was evidenced by her being able to explain to the interviewer when the interviewer did not understand, the longest answer being 81 words and she often provided additional information without the interviewer prompting her. The participant used 'hmm and umm' during thinking time.

The interviewer used the following communication strategies; sentence starters, answer choices, referring to the interview prop, clarifying for understanding, prompts and checking answers to ensure she had got it right.

At one point the participant became aware of the recording device when sharing a personal story and the interviewer re-assured her only the interviewer would get to hear the tape again – she indicated assent by saying "good" and then continued the conversation. After a short while however she began shouting into the recording device. Her answers became shorter. The participant then ensured it was turned off at the end of the interview when general discussion began between the caregiver, the interviewer and herself.

At 26 minutes the child appeared to get bored and said she was bored when asked if she would like to write – she quickly turned this answer into "no I mean lazy". The participant's body language did indicate boredom and she became fidgety. This change could have been to not offend the interviewer however she had responded earlier in the interview "I didn't want to talk to you" which appeared to indicate she wasn't concerned about offending the interviewer. This could also have been attributed to the interviewer questioning her answer about being worried about talking to grown-ups as she had been when she first met the interviewer. This then could have been evidence of 'face-saving'.

The interviewer employed many means of rapport building; affirmations, humour, imitating language style, showing interest in what the participant was discussing, sharing information and re-assuring the participant when needed. Humour was a genuine facilitator of rapport and promoting natural conversation flow. The interviewer provides choices to the participant throughout, asked the child's permission with the aim to increase the child's sense of control. There was however occasions when the interviewer controlled the flow of the interview by

tone change and became more focussed on the adult agenda rather than the child participant and interview process.

Recommendation: The interviewer needs to address discomforts as they appear – are you bored? Are you uncomfortable about the recorder? More activities are required to have on hand so the participant has a range of activities to choose from. Anything to do with horses would be useful. Find out more about children needing to please the interviewer.

Overall Summary of Interview 1 – Journal Interview

Child 11: The child had a good sense of humour and used imaginative talk often. Imaginative talk may have been used either as a coping strategy or as a strategy to relieve boredom. Further exploration of this interaction and comparison across interviews would help to provide further insights into how and why the child engages in imaginative talk. The child's birth father was present at the location where the interview was taking place and it is unclear as to how this influenced the child's discussion and demeanour within the interview. This child mentioned a number of times that she struggles when meeting new people and making friends.

Interaction:

- Imaginative talk may have been used either as a coping strategy or as a strategy to relieve boredom. Further exploration of this interaction and comparison across interviews would help to provide further insights into how and why the child engages in imaginative talk.
- The child reported she was bored and then changed this to lazy very quickly. This could have been because of actual boredom and she was motivated to change this from boredom to lazy in the attempt to not offend the interviewer (acting to please the interviewer). It is unclear but on closer analysis she starts to engage in 'silly' behaviour which would indicate boredom. Whilst she identified she was happy on the Comfort Measure, it was likely she changed the term boredom to lazy in the attempt to not offend the interviewer. This is purely assumption though and cannot be checked at all.
- When the child responded to the question "what would worry you about talking to an adult?" the child responded "nothing". When the interviewer first met the child she would not speak to the interviewer so the interviewer reminded her of this. When this happened she "said I just didn't want to talk to you", in an adamant tone. This statement appeared to be at odds with some of her other responses. Comparison across interviews may offer more insight into the whether the child feels she needs to 'please' the interviewer or is defensive about her struggles in meeting new people.
- MLU = 8.26 (B 4.6 – M 8.8 – E 8.3)
- LU = 81
- CM – B Happy – E Happy

Interview 2 – (FCA Interview) - Field Notes

The child was not told I was coming to see her for another interview, so it was a surprise when I arrived. She was very friendly and appeared happy to see me. The child was very relaxed and went with the flow. The child was quite different from the last time and engaged with the activity in a very low key and relaxed fashion. The child seemed to provide more information and was more responsive when she was engaged in the craft activities opposed to the computer activity. She appeared to need to concentrate more on the computer making it difficult for her to respond. When she was engaged in the craft she forgot we were interviewing and was surprised when she realised the recorder had been on for the whole time. This felt a bit unethical for me but the topic board was up and we were still putting stickers on each time we finished a topic. The conversation took on a very natural conversation flow.

The child appeared more relaxed and quite different than the first time she was interviewed there was an obvious lack of imaginative talk and her humour was not so 'loud or out there'. I wondered if this was because of her move to Intermediate or that she was more used to me. The child has stated a couple of times that once she has met someone and likes them they are friends for life.

Interview 2 (FCA) Word/Activity Analyses

- Interview Duration – 20.48 (1); 69.38 (2) – 2.39 times longer
- Total Words = 4046; Total Utterances = 298
- CM = B (middle happy); E (Big Happy)
- MLU = 9.59 (B = 6.4; M = 10.6; E = 7.3) Range = 35.02
- MLU Comparisons; MLU-C = 11.3 (off topic)/ 7.52 (on topic); MLU – Craft = 8.71 (off topic)/ 11.92 (on topic); Total MLU = 9.25 (on topic); 10.89 (off topic)
- LU = 60 (computer)/ 140 (craft); LU Computer = 60 (on topic)/ 57 (off topic); LU Craft = 140 (on topic)/ 20 (off topic)
- Computer Activity = 64.62% on topic whilst the Craft Activity = 92.75% on topic. Over the total of the FCA Interview 76.32% of the words spoken were on topic.
- Specifics – Good comparison between computer and craft activity. Observational notes indicate the child participant was more relaxed in the craft activity appearing to achieve a flow state and forgetting the interview process (p.38), this highlighted the nature of the ongoing consent process. The child was observed to be bored with the interview questions during the computer activity (yawning and increased IDK responses (4 to 1), p. 26) yet was prompting the interviewer to continue with the questions earlier (p. 21). Examples of; coping with worry (p.30); inability to report on own behaviour (such as; concentration,p.25; ease of interview, p. 26; harder for others, p. 43/44); distracted on computer;), when asked about her own behaviour she

reported she would not want to offend me (p 25)(word count went down) interviewer challenges the child (p26);), reminds me the recorder is still going – requiring on going consent (p38), comments positively on her own behaviour yet advises other kids may find computer frustrating (p43)

Nvivo Notes

(D) - Tone and Volume - In Interview 1 the child was very loud, excitable, laughed and giggles and used imaginative talk and humour most of the way through the interview time. In Interview 2 whilst the child engaged in the computer activity she was quite, slow answers and short utterances. When the child engaged in the craft activity the tone was relaxed the timing and volume of her speech was even. This indicated the child's most relaxed time throughout the interviews appears to be when she was engaged in the craft activities. It is important to note also that the change of activities was at **(approximately 45 minutes)** which is longer than Interview 1 in its entirety. The child indicated she was bored at 26.28 minutes in Interview 1. This statement was corrected immediately to lazy however her behaviour became silly and she appeared to be bored but being 'nice' to the interviewer.

(D) Imaginative Talk - Interview 1 had imaginative talk flowing throughout the entire interview whilst Interview 2 had on statement for the entire interview that was imaginative (people at camp being eaten) which added "no I'm kidding" to straight away. Unfortunately this change may be confounded by the child beginning Intermediate between Interview 1 and Interview 2 (where children are expected to behave more maturely) and therefore we cannot reasonably assume the imaginative talk was a coping strategy engaged when nervous. In listening intently to the audios it became apparent the imaginative talk was of two kinds; first imaginative play talk (with actors voices and baby talk) and secondly made up stories which the interviewer struggled to determine the truth. Two examples of this was the pirates in the trees (began with a description of a coping strategy she used when she was not feeling good) and the homeless dad story (when she adopted a serious voice to intentional fool the interviewer). She owned up to the mistruth as soon as she saw the interviewer had believed her.

(D) Concentration - In Interview 2 the child identified that when she needed to concentrate on the game she was playing it was too difficult for her to answer the interview questions. Whilst she did respond to the questions it was obvious to the interviewer that the child was distracted and that the child was just giving answers without giving them any thought. The answers therefore were not authentic. These times were easily detected by the interviewer as they accompanied by slowed speech, sometimes whimpering or talking to the self and an intense stare at the game/activity. This distraction only occurred during engagement with the computer activity.

(P) - Natural Conversation - Upon the change over from the computer to the craft activity this child was more vocal and relaxed into a natural conversation style answering questions through concrete experiences. (See MLU differences). It is likely this represents the child's most comfortable state when discussing her experiences.

(D) - Interview Time - Interview 2 was 69.38 minutes whilst Interview 1 was only 20.48 minutes long. In Interview 1 the child appeared to start getting bored at between 20 minute

this indicates the activities in Interview 2 where able to entertain the child for much longer (approximately 20 minutes longer).

(D) - Baby Talk - There was baby talk present in Interview 1 and the child stated that this was because she was happy. In Interview 1 the child and the interviewer bounced off each other in some imaginative play talk and sometimes when she spoke of her BF. The baby talk was absent from Interview 2.

FIELD NOTES: PML INTERVIEW

Interviewed child 11 today and the interview went well. I took plasticine based on how previous children became bored quickly with decorating the cardboard people. This child had a large number of people she wanted to place on the board so she stopped decorating them and just placed names on the people. She wanted to complete the decorating and naming before she placed them on the board. She was asked to place them on the board then identify if she could, why she had placed them there. She was able to this and only struggled with identifying the people she didn't like as it was "quite a strong statement". She also struggled a bit with where to place her caregivers as they fight a lot. The only person she placed in the 'really love' was her birth mother and her animals. The child had provided a substantial amount of information in previous interviews so this was restated and checked rather than asking the questions again. The child did not want to do a person representing herself.

The child was very relaxed and had changed into her pyjamas and very happy I had brought food which she ate all the way through the interview. The caregiver entered the interview just before it ended resulted in it getting cut short slightly.

The child advised 'real people' (models) should be used for the activity and it should be made more colourful. She preferred the previous interview because of the computer activity.

The child played with the horse puppet as she loves horses and wanted to keep it. I advised I needed it for other children first.

The interview was concluded advising the process of the following visit.

Interview 3 (PML) Word/Activity Analyses

- Interview Duration – 20.48 (1); 69.38 (2) – 2.39 times longer; 46.18 (3) 0.5 times shorter than Interview 2
- Total Words = 4046 (2)/ 2250 (3); Total Utterances = 298 (2)/ 362 (3)
- CM = B (middle happy); E (Big Happy)(2); CM B (big happy), E (big happy)
- MLU = 9.59 (2)/ 6.22 (3) (B = 6.4 (2)/ 2.3 (3); M = 10.6 (2)/ 9.4 (3); E = 7.3 (2)/ 2.8 (3)) Range = 35.02 (2)/11.68 (3)
- MLU Comparisons; MLU-C = 11.3 (off topic)/ 7.52 (on topic); MLU – Craft = 8.71 (off topic)/ 11.92 (on topic); Total MLU = 9.25 (on topic); 10.89 (off topic) (2); MLU Comparisons; MLU = 6.21 (on topic), MLU= 6.28 (off topic) (3)

- LU = 60 (computer)/ 140 (craft); LU Computer = 60 (on topic)/ 57 (off topic); LU Craft = 140 (on topic)/ 20 (off topic)(2); LU = 56 (on topic - recounting an experience), 29 (off topic - talking to the dog)
- Computer Activity = 64.62% on topic whilst the Craft Activity = 92.75% on topic. Over the total of the FCA Interview 76.32% of the words spoken were on topic (2); PML Activity = 89.11% on topic.
- **Specifics (2)** – Good comparison between computer and craft activity. Observational notes indicate the child participant was more relaxed in the craft activity appearing to achieve a flow state and forgetting the interview process (p.38), this highlighted the nature of the ongoing consent process. The child was observed to be bored with the interview questions during the computer activity (yawning and increased IDK responses (4 to 1), p. 26) yet was prompting the interviewer to continue with the questions earlier (p. 21). Examples of; coping with worry (p.30); inability to report on own behaviour (such as; concentration, p.25; ease of interview, p. 26; harder for others, p. 43/44); distracted on computer;), when asked about her own behaviour she reported she would not want to offend me (p 25)(word count went down) interviewer challenges the child (p26);), reminds me the recorder is still going – requiring on going consent (p38), comments positively on her own behaviour yet advises other kids may find computer frustrating (p43)
- **Specifics (3)** - Natural Conversation appeared to increase MLU (this was a concrete experience initiated by the child, p 3, 17, 9), there was an incidence of silly talk which may have been because of anxiety (p5) (similar to the her imaginative, silly talk in Interview 1), appeared to use singing to calm herself (p6, this was accompanied by an increase in MLU). Examples of family structure/membership (p 12, 16), confidentiality anxiety (p18, 21), reluctance (p26), perceived love (p24), perceived rejection (p 25, 30), member checking (p 29), pets (p31). Her TV show was at the time of the interview resulted in negotiation (p27) and discussion of activity in comparison to computer activity (p 33, 34).

Nvivo Notes (3) PML

(S & P) Tone & Volume - The tone and volume of this child was even throughout interview 3 with the absence of any imaginative talk. There was two instance of silly statements one when she was talking about her caregivers and another when she was talking about who she looked like. The first appeared to link with discomfort whilst the second, boredom (towards the end of the interview).

(D) Imaginative Talk/Baby Talk - This was absent in Interview 3 and observational data (consistent, even tone, relaxed body language, smiling, using her sense of humour without over doing it etc.) indicated the child was more unconcerned with the interviewer process and the interviewer. Overall the child's MLU dropped from 8.26 (interview 1); 9.59 (interview 2) to 6.22 (interview 3). The LU dropped from 81 (interview 1); 60 (interview 2 -computer); 140 (interview 2 - craft) to 56 (interview 3). There was an evident reduction in imaginative

talk, silly talk and baby talk for child 11 in Interview 3 in comparison to the previous interviews.

(S & P) Natural Conversation - relating experiences and descriptions generated natural conversation and over these periods MLU increased. Eight responses were taken to illustrate the Natural Conversation example and compared to eight responses following the natural conversation example when the MLU was calculated for each of the eight responses the MLU for the Natural Conversation was 13.38 in comparison to 5.25 for the following interview responses. This was typical of all the child participants. Prompting natural conversation appears optimal when interviewing child participants.
Natural Conversation Example:

C: I won my science fair.
P: Did you?
C: Yeah.
P: What did you win that for?
C: Um, best, which is the best colour of your house. And I made, I put a roof on my science fair. Do you know where what a science fair is?
P: Yeah.
C: Yeah. Put a roof on the top of it and I made a gate at the bottom of the stack. It was house.
P: Yeah.
C: And I won first prize.
P: Very good.
C: So I get to go to the next lot of them. And I get win money.
P: Oh, so who do you get to compete against next?
C: Um, the whole of Christ Church and intermediate school. It's going to be fun.
P: Oh wow. So did you win anything or you just won another chance to go through?
C: Um, you won the chance to go through and then you win something. (MLU = **13.38**)

Comparison Example:

C: The girls are blue, so that's Papa, Nana, Cassandra, Cassandra, Nick, Mike?
No it's alright I just do this
P: You have lots of people around you, haven't you?
C: Mmm. And that.
P: Come off for you next one?
C: No, it's okay. That. I'll just use a different color. Nick.
P: It's those ones too.
C: Yeah. Mike. Oh no.
P: Upside down face. (Laughter)
C: Mike. Karen.
P: So who makes all the decisions about your life do you think?
C: Me.
P: You do? Yep.
C: Karen.
P: So all them, from where you got to school, what you eat, what you wear?
C: Yeah. (MLU = **5.25**)

(D) Interview Times - Interview 3 was half as long as Interview 2 - whilst the child reported the interview was fun she appeared to get bored with the doing the people and reported it would be better if the activity was more colourful and had people you could play with. The child has in previous interviews demonstrated boredom through silly talk or play talk (imaginative or baby talk). The following examples illustrate the child being silly and becoming bored with decorating the people.

Silly talk

- C: Yeah.
P: Yeah. So they're grumpier in the morning? Yeah.
C: Yeah. When they're with their farts in the morning. (Laughter)

and bored

- P: Yeah.
C: I'm just going to leave them plain I can't be bothered.
P: It gets pretty long when you've got lots and lots to do. You've got one hiding under there. Who's that?

The child may have intentionally kept the answers short as the interview interfered with a favourite television program. In all of the interviews the interviewer arrived to find the child had not been informed of the interview time or date. This resulted in the following negotiation between the interviewer and the child:

- C: Oh, my shows on.
P: We're just about finished.
C: It's got one minute to go.
P: Oh, has it? I'm sorry.
C: That's fine.
P: I've wrecked your TV program.
C: I can just watch it On Demand.
P: Oh well, that's a good idea. Do you have the One Plus?
C: Yeah, we're good. It's at 5:00.
P: Okay. So what's the time now.
C: Mmhmm. And then Two Plus.
P: Two Plus. I thought it was One Plus, it was plus one hour.

(P) Child not informed of the interviewers time and date of visit - This indicates a lack of clarity between the researcher and caregiver discussions about the research process. This occurred with another (set) of siblings which were involved in the interviews. This caregiver thought the child should not be told the interviewer was coming and actively hid it from them. This only came up in conversation on the last interview for the last sibling until then the researcher had been unaware of this thinking.

Discussion Note: BP contact appears to contribute to felt security however doesn't always. Child 11 is a deviant case where the parents and grandparents have worked together to make sure contact is regular (a seamless process) however this child has disclosed challenges with her schooling, peer relationships (making and keeping friends), sucking things (see Interview 2) and love for food (over focus on food) hence issues that are common amongst children in care. Next age of entry into care would be considered in its suspected detrimental effects on

children in care this child entered care at two??? An age deemed okay ??? To enter care to not cause behaviour problems ????. This child did however comment on being unsure of how her caregivers felt about her and if they really wanted her there (perceived rejection) because they get angry and argue a lot.

Very little ambiguity compared to the other child participants. BP Contact appears to reduce ambiguity and ease of adult decision making about the child's life.

Appendix 14

FCA Interview 2: Word Analysis

Child 1	<ul style="list-style-type: none"> • MLU = 6.73 • MLU Comparisons; MLU-C = 5.10; MLU – Castle = 5.2 • LU = 27; LU – C = 21 ; LU – Castle = (21 on castle activity; 12 on topic) • Computer Activity = 43.25% on topic – this child began the activity on the castle activity (52.23% on topic) and then presented the STOP card – he advised this was because he was breathless. He appeared uncomfortable, had a drink but when questioned about his comfort said he was happy he then indicated he wanted to change to the computer activity.
2	<ul style="list-style-type: none"> • MLU = 4.85 • MLU Comparisons – MLU – C = 4.99 • LU = 58 (on topic); LU = 22 (on computer) • Computer Activity – 57.59 % on topic
3	<ul style="list-style-type: none"> • MLU = 4.54 • LU = 35 (on topic); LU = 32 (discussing computer activity) • Computer Activity (54.64% on topic)
4	<ul style="list-style-type: none"> • MLU = 6.93 • MLU Comparisons; MLU – Topic = 5.96; MLU – C = 9.50. The mean length utterance whilst on computer is larger by 2.57 words than the overall MLU and larger by 3.54 the MLU in relation to the interview topic. This could be attributed to comfort however may also be that the child participant has more to say about the computer. This child participant struggled with knowing what to say with 45 “I don’t know” responses (1% of the words). In Interview 1 she identified she was worried as she would not know what to say. • LU = 134 (reading); 85 words (on topic); LU – C = 68 words (computer activity). This child participant is a very good reader and she enjoys reading this is reflected in the longest utterance whilst reading choosing to read to the interviewer during the interview. • Computer Activity – 62% on topic. This child consistently engaged in the one activity yet changed the games on the computer.
5	<ul style="list-style-type: none"> • MLU = 5.81 • MLU Comparisons; MLU – Craft = 9.63, total words = 934, total utterances = 97; MLU – C = 4.8, total words = 1768, total utterances = 368 • LU – C = 41 (on topic); MLU – Craft = 89 (on topic). • Computer Activity (58.37% on topic); Craft Activity (94.96% on topic) the child stayed on topic 36.59% more in the craft activity than the computer. The child was more easily distracted during the computer activity as it appeared to require more concentration.
6	<ul style="list-style-type: none"> • MLU = 8.18 • MLU Comparisons; MLU-C = 10.28 (discussing computer) MLU CR = 6.72 (discussing craft activity) • LU = 105 (on topic – relating concrete experience); LU = 38 (discussing computer activity); LU = 17 (discussing craft activity). • Computer Activity (32.72 % on topic); Craft Activity (74.42% on topic) (NB this child changed activities continuously throughout the interview. Later engagement in the computer activity increased the percentage time on topic from 32.72% to 47.14%. This appeared to be in relation to the concentration level required by the computer activity however could be contributed to experiencing more comfort toward the end of the interview process. • Computer Activity (1) – baking game (39.27% on topic); Computer Activity (2) – a school activity that required information about the discipline in the olden days (47.14% on topic); Computer Activity (3) – a game played many times at school required low concentration (95% on topic).
7	<ul style="list-style-type: none"> • MLU = 4.57 • MLU Comparisons; MLU-Topic = 3.95; MLU – Castle = 4.83 • LU = 58 (recounting concrete experience, p. 3); LU – Castle = 22 (on castle activity) • Castle Activity = 25.16 % on topic – this child was less interested in the interview and loved participating in the activity. This resulted in the low percentage on topic. This child also used the STOP card but immediately withdrew this when he knew the activity would also stop.
8	<ul style="list-style-type: none"> • MLU = 6.25 • MLU Comparisons; MLU – C (discussing the activity) = 5.67 compared to the MLU of 6.25 (discussing the topic). This is a small difference of .58 words suggesting the child participant’s word usage was consistent across the interview. • LU = 49 (on topic); LU – Writing =25 (child demonstrating writing projects at school); LU – Craft = 11). This child participant moved between craft activities and did not finish any of them, within this there were periods of the interview whereby the child actively demonstrated her schoolwork (maths and writing planning). The longest utterance discussing the interview topics was almost double the child’s talk of the activity and when demonstrating schoolwork (an off topic task). • Whilst engaged in the activities the child participant’s words were 72.03% on topic.
9	<ul style="list-style-type: none"> • MLU = 7.3 • MLU Comparisons; MLU-Drawing = 7.4, MLU – C = 12.06 (this included child reading out his story he had written onto the computer) • LU = 79 (drawing activity discussion); LU = 52 (topic discussion); LU = 60 (computer activity) • Computer Activity (42.35% on topic); Drawing Activity (59.55% on topic) (NB this includes parallel activities initiated by drawing activity – that is piano and lego titanic).
10	<ul style="list-style-type: none"> • MLU = 4.65 (2) • Interview (2) MLU Comparisons; MLU(off topic) = 4.45; MLU(on topic) = 5.06

	<ul style="list-style-type: none"> • LU = 22 (on topic)/ 35 (off topic) • Castle Game = 36.27 % on topic
11	<ul style="list-style-type: none"> • MLU = 9.59 • MLU Comparisons; MLU-C = 11.3 (off topic)/ 7.52 (on topic); MLU – Craft = 8.71 (off topic)/ 11.92 (on topic); Total MLU = 9.25 (on topic); 10.89 (off topic) • LU = 60 (computer)/ 140 (craft); LU Computer = 60 (on topic)/ 57 (off topic); LU Craft = 140 (on topic)/ 20 (off topic) • Computer Activity = 64.62% on topic whilst the Craft Activity = 92.75% on topic. Over the total of the FCA Interview 76.32% of the words spoken were on topic.
12	<ul style="list-style-type: none"> • MLU = 8.12 • MLU Comparisons; MLU-C = 9.5 (discussing the computer activity); MLU – Topic = 6.69 (discussing the interview topic). The MLU for Interview 2 is slightly higher than Interview 1 by 1.03. The MLU-C is 2.81 higher than MLU-Topic. This may suggest the child was slightly more comfortable or able to express himself about the computer activity opposed to the interview topics. These increases are reflected in the LU and the percentage on topic reinforcing the computer activity as an activity the child was either more comfortable or able to communicate about. • LU = 63; LU – C = 63 (discussing the computer activity); LU – Topic = 48 (discussing the interview topic) • Computer Activity = 41.19% on topic. It felt like (to the interviewer) there were a number of IDK responses yet this represented only 0.73% over the entire interview.

Appendix 15

Mean Length Utterances (MLU), Longest Utterances (LU) AND Interview Duration Comparisons

Child	MLU	MLU (Beg)	MLU (mid)	MLU (End)	LU (on topic)	Tot Words	Interview Duration
1	4.20	4.1	6.0	4.3	16	353	20.24
	6.73	3.6	4.2	3.0	27	2260	61.35
	4.5	3.0	4.8	3.2	69	1216	45.50
2	4.17	5.1	4.5	2.9	27	376	17.29
	4.85	2.5	2.7	2.6	58	1427	53.57
	4.18	3.86	5.1	8.2	30	1462	50.42
3	3.53	1.36	5.3	2.2	23	269	14.26
	4.04	2.6	2.2	3.0	27	812	52.29
	5.74	2.9	7.6	3.1	70	1549	48.01
4	7.30	6.1	8.5	8.2	57	922	30.57
	6.83	2.2	12.6	4.6	85	4406	99.39
	5.42	5.5	6.7	5.5	157	4132	102.20
5	4.90	3.2	4.2	4.1	40	939	30.53
	6.37	1.8	7.1	2.8	89	2154	75.36
	6.02	4.6	4.6	5.6	81	2943	67.29
6	4.62	2.0	2.8	4.9	40	637	23.21
	8.23	8.0	8.1	7.3	105	4685	86.18
	10.23	9.7	12.3	6.3	171	3364	87.0
7	6.73	8.7	4.7	1.6	56	1272	27.00
	5.2	4.9	6.8	6.1	58	1565	91.20
	6.35	6.6	6.5	8.3	33	1285	32.15
8	6.02	12.0	4.5	5.5	46	1208	34.59
	6.57	4.5	12.2	7.8	49	2804	89.26
	6.77	6.8	7.9	2.5/8.4	69	1984	55.40
9	8.06	4.6	9.1	5.6	108	1395	34.25
	7.3	2.6	16.9	1.6	52	3577	75.22
	4.82	2.2	6.6	3.1	45	1061	38.00
10	2.19	1.8	2.0	1.8	12	228	32.46
	4.65	2.8	4.9	5.2	24	2233	81.23
	3.72	3.5	2.6	1.4	19	842	43.58
11	8.26	4.8	8.8	8.3	81	1876	20.48
	13.58	6.4	10.6	7.3	140	4046	69.38
	6.22	2.3	9.4	2.8	56	2250	46.18
12	7.09	7.0	5.5	9.0	74	2021	42.09
	8.12	6.8	5.0	5.2	48	3401	78.00
	4.96	2.0	3.7	5.5	56	2070	42.54
MLU – mean length utterance = average of words divided by number of utterances							
MLU (beg/mid/end) = average of words measured over 10 utterances							
LU – number of words of the longest utterance (Interview 1 & Interview2)							
Total Number of Words for (Interview 1, Interview 2 and interview 3)							

Appendix 16

Interview 1 and 2 Comfort Comparisons

Child	Beginning of Interview	End of Interview	Other Factors
1	Happy	Medium Worry (about the gingerbread man he made breaking)	
	<i>Happy</i>	<i>Happy</i>	<i>Other emotions identified; medium worry/sad at night when he can't sleep, angry – birth mum on drugs and bullying, small worry about caregiver and getting older, sad when in trouble</i>
2	Happy	Happy	Reported he was sad at the post interview measure
	<i>Happy/Excited</i>	<i>Relieved</i>	<i>Other emotions; sad, missing, worried (in relation to birth mum and dad)</i>
3	Medium Worry	Happy	Big worry when he thinks about school
	<i>Happy</i>	<i>Sad (big – when talking about his BM)</i>	<i>Big happy when talking about living with his grandparents – talking about his BF and BM medium worry – worries BM might die</i>
4	Medium Worry	Happy	
	<i>Medium happy (“I am okay”)</i>	<i>Medium happy (“I am okay”)</i>	<i>when asked how comfortable she was indicated a big comfortable (about talking)</i>
5	Happy	Happy	
	<i>Happy (“I haven't seen you in ages”)</i>	<i>Happy</i>	<i>Big sad when talking about her BM not visiting her</i>
6	Happy	Happy	Medium worry when thinking about interviewer coming – big worry when talking about her Birth Mother
	<i>Happy</i>	<i>Happy (very excited)</i>	<i>Identified the first topic was the hardest because she had a small worry about talking, the next topic was medium happy – talking about the fourth topic being away from home was a medium worry</i>
7	Happy	Happy (relief)	
	<i>Happy</i>	<i>Happy Medium Happy bored with questions</i>	<i>Other emotions; angry at people, psycho at people, between sad and happy when in trouble, relieved when questions stop and bored with the questions</i>
8	Happy (excited)	Big Worry because the interviewer might not return)	Medium worry when talking about bullies at school
	<i>Happy</i>	<i>Sad (because the interviewer was leaving)</i>	<i>Indicated comfortable the whole time the interviewer was there and uncomfortable when the interviewer left. Other emotions identified – confusion, surprise, anger, worry, sad, distracted, ashamed (school, talking to interviewer, birth parents, being in trouble)</i>
9	Small Worry	Happy	Happy when completing the journal before the interviewer arrived
	<i>Happy</i>	<i>Happy</i>	<i>In the middle of the interview medium sad. Medium sad when talking about getting in trouble (“I don't think you should be in trouble”)</i>
10	Happy	Happy	Big worry when talking about him being ‘bad’ and medium worry when talking about his Birth Father & Birth Mother
	<i>Happy</i>	<i>Happy</i>	<i>Medium worry about being alone, big worry and big sad when talking about missing his BF – okay talking about it though</i>
11	Happy	Happy	
	<i>Medium happy</i>	<i>Happy</i>	<i>Big sad when talking about a lost doll she had brought</i>

<i>with her when she came to live with her grandparents – middle worry when in trouble, middle worry when talking and thinking about living with her grandparents – she identified (“this is normal for me”)</i>			
12	Happy	Happy	Small worry when thinking about a rock falling on his house – big worry when he thinks about not living with his mum and dad
	<i>Happy</i>	<i>Happy</i>	<i>Happy to be allowed on the laptop computer</i>
Some children asked to indicate ‘other’ factors with the comfort circles, some did not.			
Interview 1; Interview 2 and Interview 3			

Appendix 17

Cross Case Analyses (Interviews 1, 2 and 3)

Below are the comparative data from the *within* and *cross* case analyses of each of the children's data across the interview 1, 2 and 3 as referred to in Chapter 8.1 and 8.2.

Interviewer Strategies and Skill Similarities

C2 (S) Interviewer Comfort & Skill the difficulty in dealing with the child's resistant and conflicting responses challenged the interviewer in the same ways as in interview 2 reducing the interviewer comfort. When the interviewer's comfort levels were challenged the interviewer focused more on trying to elicit information out of the child rather than responding to what the child was communicating.

C2 Interviewer Skill whilst this child did not respond well or complete the interview activity it could have been because of the interviewers management of the child's apparent discomfort and not necessarily only the sensitivity of the topic (the STOP card was used by the child when he was asked about his birth dad and he then questioned the interviewer about the recorder and wanted it stopped to listen to it).

C5 (S) Interviewer Comfort the interviewer became more confused by unusual responses from the child in Interview 3 than in Interview 2 but this caused some discomfort to the interviewer. It was hard to identify when the child was engaging in avoidance of a question, if she did not understand what the question meant or if she was concerned about getting the answers right.

Differences Interviewer Role Similarities

C5 (S&P) Relationship the child completed an interviewer (person) and placed them on the board under like which was appropriate but then stated the interviewer was her best friend. The child also identified she was going to be sad when the interviewer left. The child however felt happy after the interviewer provided a business card with her contact details on and told she could use the details if she ever wanted to catch up.

C7 Relationship this is the only child I went to visit prior to Interview 3. This occurred because the child explicitly asked for this indicating it would assist with his level of comfort and logistically it was convenient for the interview because of ease of location and time suitability. This appeared to make a considerable difference to the child's resistance levels.

Child Competence and Communication Strategies Similarities

C4 (S & P) I don't Know Responses the child used this response 34 times in Interview 3 compared to 17 times in Interview 1 and 41 times in Interview 2. This represented 3 per minute compared to 1.8 per minute in Interview 1 and 2.4 times per minute in Interview 3. When the interviewer changed the wording of the question these responses changed indicating the child was experiencing difficulty in understanding the question. This reinforces her statement of using this response when she did not know the answer or if she didn't understand the question. As the questions she responded to in this way (in Interview 2) were ones about her own behaviour and feelings and others perceived feelings it is reasonable to

expect these responses would increase in Interview 3 which included more questions along these lines.

C4 (S & P) Concrete Experiences as with the previous interviews this child's optimal form of communication was through the relaying of experiences and memories. This was reinforced by the number of words she fluently used when relaying an experience or memory. As in Interview 2 these constituted the longest utterances throughout Interview 3. As the interview went on it became more difficult to elicit these. The child showed signs of boredom with the activity.

C5 (S&P) Distraction (diversion) it became more evident in Interview 3 the pattern of this child to divert from the interview topic often when sensitive topics were being discussed. It appeared that the diversion enabled the child to take a break from upsetting topics and possible to avoid some discussions (by adding to the diversion strategy a no response strategy).

C8 (S & P) Communication Strategy the child continues to use the diversion strategy in Interview 3 when she is unsure of how to answer. This occurred more when she was confused about the way in which people in her life felt about her. It also occurred when she became tired of talking (as reported by her).

C10 (D) I don't know Responses - The child used the IDK response less often in Interview 3 (2.68 times per minute - mainly towards the end of the PML activity) than in Interview 2 (4.77 times per minute) however the IDK responses used in Interview 3 were more evident of the child being confused by the question structure (involving his perceptions of others feelings) and therefore was anticipated. The child advised some of the questions were hard and he was confused by them. This changed from his reporting of being worried about getting the answer wrong in Interview 2.

C11(S & P) Tone & Volume the tone and volume of this child was even throughout interview 3 with the absence of any imaginative talk. There was two instance of silly statements one when she was talking about her caregivers and another when she was talking about who she looked like. The first appeared to be linked with discomfort whilst the second, boredom (towards the end of the interview).

C11 (D) Imaginative Talk/Baby Talk this was absent in Interview 3 and observational data (consistent, even tone, relaxed body language, smiling, using her sense of humour without over doing it etc.) indicated the child was more unconcerned with the interviewer process and the interviewer. Overall the child's MLU dropped from 8.26 (interview 1); 9.59 (interview 2) to 6.22 (interview 3). The LU dropped from 81 (interview 1); 60 (interview 2 -computer); 140 (interview 2 - craft) to 56 (interview 3). There was an evident reduction in imaginative talk, silly talk and baby talk for child 11 in Interview 3 in comparison to the previous interviews.

C11 Negotiation the child may have intentionally kept the answers short as the interview interfered with a favourite television program. In all of the interviews the interviewer arrived to find the child had not been informed of the interview time or date. This resulted in the following negotiation between the interviewer and the child:

C12 (D) Communication Strategies - I don't know responses this was discussed and the child gave contradictory information concerning not knowing. First he suggested he was not worried about not knowing and then at the end of the interview the child said he was worried about not knowing what to say. The two questions were framed differently and this could have made a difference to his understanding of the question. The "I don't know" responses appeared to be used in when he did not know the answer and less as a strategy or automatic response when distracted (as in Interview 2) in Interview 3.

C12 (S) Distraction the child was less distracted in Interview 3 than in Interview 1 & 2. This was evident from observation, child report and the 85.12 % on topic in comparison to 41.19 % on topic in Interview 2. This may have because of the more structured nature of the questioning, the participative interview prop and the reduced length of the interview.

C6 (S & P) Distractions/Diversions it was difficult at times if the child was distracted by the activity or was using diversion as a means to take a break from the sensitive nature of the questioning. There was a pattern by the child to divert when being questioned about potentially sensitive issues.

C1 (S) I don't know response there were no "I don't know" responses in Interview 3 similar to Interview 2 yet different from Interview 1 however there was more no responses and diversions to a parallel activity in Interview 3

C1 (S) No Response the child didn't not respond a number of times throughout Interview 3 more so than in Interview 2 - he identified the topic was making him sad. The child instead diverted to a parallel activity when it was available.

C1 (S) Distractions and Diverting from the Interview the child diverted to a parallel play activity as soon as it became available consistent with his statement of wanting to stop because the interview activity was making him sad.

C1 (D&P) Communication Strategies the child diverted to parallel activities during sensitive questioning more in Interview 3 than in the other interviews - this is consistent with the child stating the activity made him sad.

C2 (D) Communication Strategies there were few props in Interview 3 to facilitate the child's communication. The Journal Interview appeared the easiest for the child as he could use the already completed journal as a prop to communicate. This child was different from the others in that he stipulated in the Journal Interview clearly that he did not like being asked questions. This was evident in interview 3 where he used funny voices, baby talk and short uhuh's and huh's, no response and repetitive language that was difficult to understand. The topic embedded in the activity, the lack of interviewer skill in easing into the interview and the inadequate approach to recorder comfort appeared to increase the resistance in this interview.

C5 (S&P) Communication Strategies the child used diversion from the topic to a parallel activity, change of topic and involvement of the caregiver often throughout the interview. This was often around discussion about her Birth Mother.

C3 (S) Communication this child's communication style was consistent across the three interviews. He employs a communication strategy of distraction or topic change during

sensitive topic discussion. He sometimes does not understand the question and takes it literally.

C3 (P) *Distraction* the child used a change of topic when discussing a sensitive topic using this as a distraction from the topic however was willing to re-visit the sensitive topic after a break.

C3 (D) *Stop Card* the stop card was not mentioned or considered anytime throughout Interview 3

C7 (D) *Communication Strategies* the child's use of communication strategies used in the previous interviews (no reply, ignoring questions, single word responses and replies without the appearance of any thought) were absent in this interview. This could have been attributed to two main factors; the clearly structured nature of the participatory activity and the development of the interview-child relationship over time facilitated by the interviewer visiting the child the day before for a casual visit as identified by the child as helpful to contributing to his comfort in the interview. The absence of the communication strategies could reinforce the notion that these communication strategies may be employed when the child is uncomfortable with the interview process.

Child Characteristics

Similarities

C4 (S) *Not Knowing What to Say* whilst in Interview 3 the child did not express she was worried about what to say she did express worry about her competence in colouring in the people. This worry was reduced when the interviewer offered to help.

C4 (S & P) *Internalised Factors* as in previous interviews this child struggled to identify good things about herself and comment about her own behaviour. She did however improve on her ability to use the comfort circles to identify her own feelings.

C5 (P) *Disassociation* the child showed some signs of disassociation associated with her concern about her competence levels in Interview 1 & 2. The child expressed worry about her caregiver not agreeing with her answers in Interview 3 and she had moments of making unusual comments that confused the interviewer. This may have been because of language difficulties or other psychological challenges the child has. The child throughout all the interviews speaks of her dad (grandfather who died) as being present.

C3 (D&P) *Changing Answer to please* this child changed his answer when questioned why he chose to put a particular person somewhere as if he felt I was saying it was the wrong place to put the person. This was a similar pattern across children. This could be attributed to wanting to get it right or please me or it could be attributed to the child being unsure of their feelings for that person. It was generally consistent that it was the birth parents and themselves this occurred with.

C5 (S) *Pleasing the Interviewer* even by the end of Interview 3 it was very difficult to determine how much of what this child was saying was to please the interviewer. It can be determined however by the consistency of the felt security topics raised by the child and her observed interactions with her caregiver some of the outcomes and have a certain amount surety of their authenticity. This does give rise to the question however of whether some children need to be interviewed more than once over a period of time to ascertain what information is authentic and which is not.

C5 (S & P) Language Use this child has a language disability and could contribute to the unusual ways in which she sometimes response. This combined with her concern for her caregiver can make the conclusion of the authenticity of her reporting difficult. The interviewer was at times confused by her responses and resulted in a consistent flow of member checking throughout the interview.

C9 (D) Fears and Anxiety whilst the child was appeared more relaxed during this interview with the interviewer there was an observed reduction of his confidence as the interview progressed. This was reflected in his report of the questions as hard and simultaneous reduction of the MLU in comparison to Interview 2.

C9 (D) Deviant Case this child's interview was different in some aspects to all the other children. The child did not want to keep any of the people he had made and he focussed primarily on his peer relationships requiring prompting to elicit any discussion on his family relationships. He also reported clearly he found the activity difficult which made him tired.

C10 (S) Language Use the child had misunderstandings of the activity and was confused by the questions at times throughout Interview 3. This language limitation is a stable characteristic within the child. The MLU was lower in Interview 3 than in Interview 2. This could be attributed to the methodology of Interview 3 being less appropriate for the child in the following aspects; the shorter duration, the increased reliance on questioning without parallel activities, the more complex questioning, the increased likelihood the child would not know the answers about some of the topics because of ambiguity and the increased reliance on the child to initiate the reporting of concrete experiences. This can be compensated by the difference in the percentage spent on topic in Interview 3 (81.45%) compared to Interview 2 (36.27%).

C10 (D) Attachment to Interviewer the child did not include the interviewer on his PML chart and did not mention missing the interviewer this was different than the previous times the interviewer visited. He did not appear to be upset when the interviewer departed.

C11 Boredom & Silly talk the child has in previous interviews demonstrated boredom through silly talk or 'play talk' (imaginative or baby talk). The following examples illustrate the child being silly and becoming bored with decorating the people.

Silly talk

C: Yeah.

I: Yeah. So they're grumpier in the morning? Yeah.

C: Yeah. When they're with their farts in the morning. (Laughter)

Bored

I: Yeah.

C: I'm just going to leave them plain I can't be bothered.

I: It gets pretty long when you've got lots and lots to do. You've got one hiding under there. Who's that?

C12 (S) Boredom it appeared the child became bored early in the interview (approx. 10 minutes in) (silly answers, asking a few times is that all and are we finished) but then

reported at the end it was fun but made it clear he liked the computer activity better. There was limited opportunity to access parallel activities until the end however none of the parallel activities (which included play, building and craft) appealed to him. Despite the observed boredom the child answered the questions and continued until the activity was finished.

C1 (S) Boredom the child showed signs early on that he was bored with the PML activity - this may have been because of the sadness he reported in completing the activity. He used the STOP card stating he was at first; sad and then secondly he wanted to play. When member checking was conducted throughout the interview the sadness explanation was more consistent.

C7 (S&P) Boredom the child was evidently bored by 14.11 minutes into the interview and obviously found answering the interview questions boring as he stated. Boredom could be thought to contribute to short-term discomfort whilst not necessarily contributing to long-term psychological harm. Alternatively boredom could be the descriptive term used by the child when he was experiencing discomfort about answering sensitive questions. The latter however is less likely to be an accurate assumption for this child as his use of previous communication strategies in Interview 3 reduced considerably in interview in comparison to Interview 1 & 2. He had also shown he would use the STOP card if he was uncomfortable about answering the questions. This child had also demonstrated his ability to weigh up the costs and benefits of his involvement in the interview.

Child Roles Similarities

C12 (S) Adult Material whilst the methodology removed the pressure of having to consider these boundaries the child still discussed games and movies that were adult rated and discussed swearing. It was evident in his placement decisions of family members that he valued being allowed access to adult material and based his placement decisions on who allowed him more freedom in these aspects.

C7 (S & P) Keeping Things this child discussed when his caregiver died he lost his 'yu-gi-oh' cards. However despite negotiating new 'yu-gi-oh' cards to participate in the final interviews he was not really interested in them not enquiring about them at all and appeared to have forgotten about them. The child appeared to have enjoyed the one on one play time spent with the interviewer and negotiation were more consistently inclusive of playtime with the interviewer.

C8 (S & P) Keeping Things the child was unable to keep items as in Interview 2 however asked if she could keep items throughout Interview 3.

C7 (S & P) Being Equal the negotiation between the interview and child flowed more naturally with both the interviewer and the child having learnt the social rules of negotiating the interview. There was a reduced use of communication strategies and no occurrence of resistance (power struggle). This was primarily facilitated by the short interview duration and the transparent interview structure from beginning to end of Interview 3.

Differences

C2 (D) 'Babylike child' the child appeared anxious at the beginning of the interview and stated he was scared of the recorder. This was not dealt with adequately by the interviewer

and the child engaged in (regressed) child behaviours (funny voices, baby talk, indistinguishable talk) from the beginning of the interview.

Ethical Issues

Similarities

C6 (S & P) Confidentiality Issues this child identified she wanted to beat the number of people that her (live-in) cousin had completed as she had seen her cousins completed people from the week before. This highlights the complexity of confidentiality issues if there are others within the same household completing the research. The child also shared and checked with her caregiver throughout the interview which further complicated the issue of confidentiality. The latter situation was typical across all the child participants' interviews with children sharing their code names and information during and after the interview with their caregivers.

C6 (D) Discomfort in the two previous interviews the child displayed and reported some nervousness. In Interview 2 she appeared to trust that the information would not be shared. This particular child is currently going through custody hearings between her caregiver and her birth father. It is reasonable then to expect that she would have some concerns about what was happening with the information she was sharing within the interviews. In Interview 2 the child was shown the transcript and shown how it was coded for her confidentiality. In Interview 3 the child was more excited than nervous, whilst there were still some moments when she was concerned about the recorder.

Differences

C9 (D) Confidentiality whilst this child has continually expressed concerns about who should have access to his information he preferred to have the lounge door open throughout the interview, this appeared to conflict with his desire for privacy. This may have been a case of opting for security over confidentiality.

C11 (P) Child not informed of the interviewer's time and date of visit this indicates a lack of clarity between the researcher and caregiver discussions about the research process. This occurred with another (set) of siblings which were involved in the interviews. This caregiver thought the child should not be told the interviewer was coming and actively hid it from them. This only came up in conversation on the last interview for the last sibling until then the researcher had been unaware of this thinking.

External Influences

Similarities

C4 (S) Prompting as in Interview 2 the caregiver prompted the child in some of her answers; the child also involved the caregiver by checking for information with her and sharing her work with her regularly throughout Interview 3.

C9 (S) Fear of Recorder at the beginning of the interview the child was shown his previous transcript, pointing out that no-one could tell who had given the information. Later the child expressed comfort with the recorder and said he has "gotten over his fear". The recorder was still hidden from his sight though upon his request.

C12 (S) Caregiver Interactions the child involved the caregiver much less than in the first two interviews. This could be because of the more focused questioning. He did share things that he liked, the plasticine, Blu tack. The child was spending more time with his BM during the week so this may have reduced the child's need to interact with the caregiver as much.

C5 (S) Interview Interruption interview 3 took place in a new home setting which was considerable smaller than the home setting in Interview 2. This did not afford the same level of privacy as in Interview 2. The child demonstrated her intense relationship with the caregiver by including her in the Interview; asking for confirmation of answers, asking for additional information; worrying whether she would agree with the answers; showing her the activity several times. This made confidentiality a redundant issue similar to Interview 1&2.

C5 (D) Awareness of Recorder the child did not mention the recorder until late in Interview 3. This reinforces the idea that consent is on-going throughout the interview. Her mention of the recorder came when she was probed for some sensitive information about her Birth Mother which she appeared to avoid by diverting from the topic several times before; however when checked she reported she was making sure the recorder was still going and liked having the recorder there.

C8 (S) Recorder Awareness the child confirmed her previous discomfort with the recorder and advised she was more comfortable with it in Interview 3. This supports the notion that the recorder requires some getting used to and it would be beneficial to incorporate a time to play with it and allow the child to listen to the recordings first.

Child Engagement with the Interview Method Similarities

C4 (S & P) Puppets whilst the child did not use the puppets in Interview 3 the child used her cat to speak for her and make decisions within the interview.

C6 (S & P) Props the comfort circles provided useful props within the interview to draw out or clarify information or intensity of feelings. This was evident across interviews with this child and also across all child participants' interviews.

C2 (P) Parallel Activity what was thought to be distractions in the previous interviews may have been the child taking a break from the questioning? In interview 3 there was little to distract the child but it was evident the child was uncomfortable and frustrated by the interview questioning. Because the interview topic was embedded within the interview method the child had to create distractions for him-self. Whilst the child's response to questions was more resistant to start this eased towards the end of the interview through the interviewer reinforcing he was the teacher and he was always right and it was okay to be honest and angry.

C3 (P) Use of Comfort Measure whilst the child increased his verbal naming of emotions about sensitive topics he still pointed at the circles before confirming them verbally when asked by the interviewer. This appeared to be a preference pattern with a majority of the child participants.

C7 (S&P) Activities Fun and Questions Boring this was consistent with all of the other interviews with the child first requesting to play at 14.11 minutes into the interview.

C8 (S & P) Puppet Use the child liked to use the puppets to talk through occasionally - she also like to play with them as she was talking.

C8 (S & P) Circle Use the child appeared to find it easier to talk about emotions through the use of the circles. This was supported by her increased response rate using the circles when

asked to demonstrate on the circles in comparison to just asking her how she felt. This was consistent across interviews.

Differences

C9 (D) Props and Drawing whilst it was anticipated the child would enjoy this activity because of the required decoration of the people (the participative drawing embedded within the activity) this did not appear to positively contribute to the child's experience of the activity. The use of the comfort measure (prop) within the use of this activity reinforced the accuracy of the child's reporting on comfort as it accurately reflected his reported dislike of the interview activity.

C10 (D) Puppets the child did not use the puppets to help his expression in Interview 3 - this was not prompted by the interviewer as in Interview 2. If the interviewer had prompted the child it may have been likely the child would have used the option.

C5 (D) Activity - this child appeared to enjoy the interview activity - it seems at times she wanted to compete with her previous (live-in) cousin who had already completed the interview activity a week before. This possibly confounded the outcomes of interview 3 with her cousin obviously sharing what she had done the week before. This was made evident by the child raising the idea of making Blu tack cats (such as arose with the cousin previously) and having more people than her cousin.

C7 (D) STOP Card - the child did not use the STOP card during this interview. There were more examples of fluid negotiation throughout the interview activity and more clarity about the structure of the session from the interviewer to the child.

C7 (D & P) Parallel Activities - Parallel Activities were made and used consistently thorough-out the entire interview. In Interview2 the castle game acted as a distraction to the interview questions this was noticeably different with Interview 3. The parallel activities did not disrupt the flow of Interview 3.

Natural Conversation Flow Similarities

C4 (S&P) Natural Conversation Flow as in previous interviews this child was able and willing to share personal information during natural conversation and appeared to enjoy this opposed to the questions. She often look puzzled and stated she was puzzled by questions. This contributed to the increased "I don't know" responses.

C11 (S & P) Natural Conversation relating experiences and descriptions generated natural conversation and over these periods MLU increased. Eight responses were taken to illustrate the Natural Conversation example and compared to eight responses following the natural conversation example when the MLU was calculated for each of the eight responses the MLU for the Natural Conversation was 13.38 in comparison to 5.25 for the following interview responses. This was typical of all the child participants. Prompting natural conversation appears optimal when interviewing child participants.

C12 (S & P) Natural Conversation/ Concrete Experiences the child's ability to describe experiences and events was evident in all the interviews. The LU's in all the interviews were when he was sharing and experience or describing a game/movie. This method of expression was also used to answer questions. It appeared at times he was not answering the question because of the use of relevant experiences that demonstrated his answer.

C1 (S) - Natural Conversation the child was able to relay concrete experiences easily and his longest utterance was in doing so. This appears to be the most effective way of getting this child to express his experiences.

C3 (S&P) Longest Utterance the child's use of language was similar to Interview 1 & 2 with his longest utterances being when he was describing something to me that he enjoyed. In Interview 3 it was a movie, a PlayStation game and a You Tube site. His longest utterance was 70 about these things compared to 47 on the interview topic.

C8 (S & P) Natural Conversation Flow the child's conversation flowed when she introduced a topic to discuss (see example of her discussion about the holiday camp she attended). The flow was evident from the increased word usage.

Differences

C2 (D) Longest Utterances there were few examples of the child relaying concrete experiences in interview 3. The longest utterances were related to his discussion about the cardboard people saying he wanted to keep them. The only concrete experience the child expressed was in response to how he attended health camp and was sent home for getting angry and hurting another child.

C7 (D) Concrete Experiences this child's best form of communication is through the expression of concrete experiences and memories. These represented the longest utterances of the child. The use of expressing concrete experiences and memories appears to be a pattern associated with the natural conversation that can occur between the interview and the child participant. Interview 3 led to a reduced engagement in natural conversation for this participant. This appears to be the optimal communication style that contributes to comfort.

Felt Security Topics

Similarities

C3 (S) School and Friends the child identified he really loved himself because he was able to make and maintain friendships. This was consistent with his enjoyment of school.

C8 (S & P) Felt Security Topics the felt security topics discussed were the same as in previous interviews.

C12 (S&P) Felt Security Topics the child provided useful information on his family relationships, contact, decision making, ambiguity and assessment of the activity.

C5 (S&P) Felt Security Topics the child did not touch on loneliness as in previous interviews however was consistent in her concern for her competence, the intensity of her caregiver attachment and grandfather attachment. She again raised topics of dying and included dead people and pets in the PML activity. She added more discussion about her confusion about her BM and how she felt about her.

Differences

(D) Ambiguity the child expressed ambiguity about her own behaviour, some feelings and aspects of the decision making about her placement.

C6 (D) Ambiguity & Complex Family interview 3 drew out more in depth information on the family structures and decision making issues that exist for children in out-of-home care. Discussion emerging from these aspects associated to being in care revealed ambiguity and

confusion concerning relationships for this child. This was common across all the child participants and extended to include other ambiguities surrounding decision making, birth family contact, feelings about themselves and birth parents, and reasons for their placement in care.

- C: Mummy.
P: Where is she going?
C: She is going, probably near – (thinking)
P: You can put it wherever you like, nobody's going to tell you have to put it somewhere.
C: Don't like.
P: Don't like?
C: I don't like my Mummy because she went back to Canada.
P: You don't like her because she went back to Canada.
C: Well I only want to move this because I really love her, but sometimes I don't like her when she moved back to Canada.
P: Well that's all right, what I'll do is I'll put her here, you can put her on the outside here and that means that she moves around the board sometimes, so you don't like her because she moved back to Canada, but sometimes you really love her. Why do you really love her?
C: Because she was a nice Mum.
P: She was a nice Mum.

P: Did you put N up on really unhappy with?
C: Yeah. I don't love, I don't really love myself, because sometimes – I tripped over a bench (child shows sore knee) and it went all the way down to the bone. Okay, I don't really like myself. Okay, I do like myself – I love myself and I like myself. I'm with A.

C9 (D) Ambiguity the child demonstrated more ambiguity about the questions in this interview - this is reflective of the questions associated to the activity exploring more specifically his perceived relationships. This is likely to be associated to his age and may be associated to the reported concern (within Interview 1) that his birth father did not want him sharing information about his birth father's history or that there was the presence of ambiguity in his life. The child however also felt it difficult to ascertain how his caregiver felt about him and who made the decisions about his life.

C10 (S) Bullying, Peer Relationships & Annoying the child again raised issues with bullying and annoying behaviour from peers at school. He also stated that he missed his BP during school. The caregivers identified he was having problems with stand downs at school for hitting and kicking. This was an issue that raised ethical concerns and advice and support was offered to the caregiver after the final visit of the research. This involved linking the family with appropriate agencies for support.

C10 (D & P) Ambiguity the methodology and the question topics of Interview 3 were anticipated to identify areas of ambiguity in the child participants' understanding of the decisions made about their care and their family relationships. It was therefore anticipated the child participants would find some of the questions difficult however this made the identification between whether the question was not being understood or the child just did not know the answer indistinguishable at times. The example below illustrates this with this child;

P: Don't know. What about papa, where would papa put you?
 C: I don't know.
 P: Don't know?
 C: Yeah.
 P: Where do you think he'd put you?
 C: Here, in the love.
 P: In the love. And where would A* (sibling) put you?
 C: In the like.
 P: Like. Why would A put you in the like?

C: I don't know.
 P: Do you think he only likes you?
 C: Yep, I think so.
 P: So you really love him and you think he likes you, why do you think he likes you and not love you?
 C: Because sometimes I annoy him.

C11 (D) Felt Security Interesting Note: BP contact appears to contribute to felt security however doesn't always - Child 11 is a deviant case where the parents and grandparents have worked together to make sure contact is regular (a seamless process) however this child has disclosed challenges with her schooling, peer relationships (making and keeping friends), sucking things (see Interview 2) and love for food (over focus on food) hence issues that are common amongst children in care. Next age of entry into care would be considered in its suspected detrimental effects on children in care this child entered care at two an age deemed borderline to enter care to not cause behavioural challenges This child did however comment on being unsure of how her caregivers felt about her and if they really wanted her there (perceived rejection) because they get angry and argue a lot.

Very little ambiguity compared to the other child participants. BP Contact appears to reduce ambiguity and ease of adult decision making about the child's life.

C1 (D) - Felt Security Topics the child identified he wanted more contact with his father and was a 'big' sad about this and felt the decision made to not have contact with his birth father was an annoying one and if he could choose he talk to him every day and night. He identified he really didn't like his birth mum because she was bad (using drugs).

Comfort Comparisons

C4 (S) Comfort as with Interview 2 the child started the activity with a small happy and finished with a big happy. This indicates the child get more comfortable over the period of the interview. This was not reflected in the ending MLU (2.9) as it was reduced in Interview 3 from the starting MLU (5.5). This may have because of the unusual ending to the interview as we were on the move to try and get the child back to school in time.

C6 (S & P) Fluidity of Emotion this child cried during the interview process however wanted to continue with the interview activity. Whilst participants might become upset at times during the interview there may be other aspects of the interview that they enjoy. This child

reported the activity was fun and when questioned about the moment when she was upset she advised she really liked the activity, she also reported it was better letting the talking out.

Did you find the talking, when you were talking which colour circle was it when you were answering the questions and talking about your family?

C: That one.

P: Big happy?

C: Yes. It felt really good talking to someone rather than leaving it.

P: If felt really good talking to someone rather than just leaving it?

C: Yes in my head.

P: Then you got a bit sad when we were talking about Mummy, or you got a big sad didn't you?

C: Mm-hmm. She's going to wear a skirt. Amy's going to wear a skirt with a top.

P: Even though you were sad about Mum,

C: Yeah

P: you wanted to keep going? Why did you want to keep going with it?

C: It's a really fun activity.

P: It's a really fun activity? What do you like best about it?

C: Drawing all these people,

C1 (S) Comfort Measures the child indicated happy at the beginning and the end of both interview 2 & 3 however stopped activity participation in Interview 3 because he was sad and wanted to play.

C2 (S) Participant Comfort interviewer observations indicated the child was anxious and shy at the beginning of Interview 3 this resulted in the child becoming angry and stopping the activity. He identified he was big happy at the beginning and at the end fluctuating between sad and angry in the middle, indicating the comfort levels of the child are fluid over the duration over the duration of the interview.

C3 (P) Emotions the emotions (comfort levels) were similar to Interview 2 with big happy to start and finish, sadness when discussing BP and interviewer leaving. The emotions in Interview 3 reinforce the fluidity of emotions throughout the interview duration placing emphasis on the beginning and ending of interviews as being important for child wellbeing.

C8 (S & P) Comfort measure the child discussed and answered questions about her discomfort with the interviewer leaving - this mirrored the anxiety she felt about the unpredictable contact with her birth mother.

C8 (S & P) Emotional Identification interview 3 supported the notion of fluidity of emotion and the importance of beginning and ending the interview process.

Appendix 18

Comfort Measure Outcomes and MLU Patterns (Interview 1 and 2)

Child	MLU(1)	CM(1)	MLU(2)	CM(2)
1	4.2 words (Beginning 4.1; Mid 6.0; End 4.3)	B (happy) E (medium worry)	6.73 (B 3.6; M 4.2; E 3.0)	B (happy) E (happy)
2	4.17 (B 5.1; M 4.5; E 2.9)	B (happy) E (happy)	4.85 (B 2.5; M 2.7; E 2.6)	B (happy) E (relieved)
3	3.53 (B 1.36; M 5.3; E 2.2)	B (medium worry) E (happy)	4.54 (B 2.6; M 2.2; E 3.0)	B (happy) E (happy)
4	7.3 (B 6.1; M 8.5; E 8.2)	B (medium worry) E (happy)	6.93 (B 2.2; M 12.6; E 4.6)	B (medium happy) E (medium happy)
5	4.9 (B 3.2; M 4.2; E 4.1)	B (happy) E (happy)	5.81 (B 1.8; M 7.1; E 2.8)	B (happy) E (happy and relieved)
6	4.62 (B 2.0; M 2.8; E 4.9)	B (happy) E (happy)	8.18 (B 8; M 8.1; E 7.3)	B (happy) E ('very' excited)
7	6.73 (B 8.7; M 4.7; E 1.6)	B (happy) E (relieved)	4.57 (B 4.9; M 7.9; E 6.1)	B (happy) E (‘double’ happy – activity; medium happy - questions)
8	6.02 (B 12.0; M 4.5; E 5.5)	B (happy) E (big worry)	6.25 (B 4.5; M 12.2; E 7.8)	B (happy) E (big sad)
9	8.06 (B 4.6; M 9.1; E 5.6)) B (small worry) E (happy)	7.3 (B 2.6; M 16.9; E 1.6)	B (happy) E (happy)
10	2.19 (B 1.8; M 2.0; E 1.8)	B (happy) E (happy)	4.65 (2) (B = 2.8; M = 4.9; E = 5.2)	B (happy) E (happy)
11	8.26 (B 4.6; M 8.8; E 8.3);	B (happy) E (happy);	9.59 (B 6.4; M 10.6; E 7.3)	B (medium happy) E (happy)
12	7.09 (B 7.0; M 5.5; E 9.0)	B (happy) E (happy);	8.12 (B; 6.8; M; 5.0; E 5.2)	B (happy) E (happy)
Key: MLU = Mean length Utterances; (1) & (2) = Interview 1 & 2; CM = Comfort Measure Children's reports of comfort reflected increased MLUs.				

Appendix 19

Example of Interview (3) Transcript for Child 1.

I: Yep. So you don't get to see him much, how do you feel about that?

Ch1: Sad.

I: Sad. I...

CH1: And angry.

I: Oh, big sad, medium sad, little sad? Big angry, little angry?

CH1: A bit angry.

I: A bit angry. So a mixture of angry and sad.

C: Umhum.

I: Do you ever have psychos about it? (*child shakes head no*) No. Are you done? What is he on?

CH1: Love.

I: Love as well. Why is he on love?

CH1: Cause I love him too.

I: Do you find those questions quite hard to answer? (*Child nods*) Yep. Alright who else has gotten on the board? Anybody else in your life?

CH1: Don't know, no. Can I write it in blue to pink?

I: Who is this one going to be? What does that say?

CH1: Mum.

I: Mum. Where is mum going? Is this mom here, what do you call your birth mum?

CH1: Umm birth mum, what's that?

I: That's your tummy mummy.

CH1: Tummy mummy.

I: Tummy mummy.

CH1: "Screech"

I: Do you know why you came here?

CH1: To get away from tummy mum.

I: Yep. Why did you have to get away from her?

CH1: Cause she was doing drugs. I got to go to the toilet.

I: Okay. Do you feel alright, do you feel okay?

CH1: Huh?

I: Do you feel okay?

CH1: Aye? Yeah.

I: Yep.

(Later in the interview)

I: How did you feel about answering them? Did any of them make you feel any of these?

CH1: What's that one?

I: That is relieved that everything is finished.

CH1: If I throw *(throwing the ball onto the comfort circles)*

I: Which one do you think?

CH1: If I throw this on which everyone its.

I: You better be a good - sad? So you are feeling sad now?

CH1: *(child nods yes)*

I: Is that why do you think, is that why you stopped doing this.

CH1: *(child nods yes)*

(Member checking at the end of the interview)

I: But you stopped quite quickly, why did you stop quite quickly.

CH1: Cause I wanted to play.

I: Cause you wanted to play. Okay. So when you said it was because you were sad, that's not right. It was cause you wanted to play?

CH1: Plus I was sad while I was doing it.

Example of Interview (3) Transcript for Child 2

I: You seem really unsettled by the recorder at the moment. Are you?

CH2: Uh-huh.

I: Why?

CH2: Listen.

I: Talk to me about it.

CH2: Listen to me.

I: You want to listen to it?

CH2: Uh-huh.

(Recording stopped here while the child listened to the recording – his consent was obtained to record more about his feelings about the activity only and he could decide if he wanted to start the activity again).

I: Okay, why do you want to stop?

CH2: Because it's getting too hard.

I: It's getting too hard. What's hard about it?

CH2: Um, that I have to do work and you can just sit there.

I: Oh, okay. Do you want me to write the numbers? Write the things on it? Do you want me to write onto the people?

CH2: No.

I: Do you want me just to write onto the people? Because we were just going to use...

CH2: Now we're all finished.

I: How did you feel when you were doing it? Which one were you feeling? (*Child points*) You are feeling angry?

CH2: (*Playing noises*)

I: Is it a big angry, medium angry, little angry?

CH2: Medium.

I: Medium angry? What were you angry about?

CH2: I told you, I told you.

I: What did you tell me, because I was doing nothing?

CH2: Yeah (*playing noises*) let's get rolling.

I: Would it have made it better if I'd gotten down and done some drawings with you?

CH2: Uh-huh.

I: Would that have made it better?

CH2: Uh-huh.

I: Yep.

CH2: (*Playing noises*) do some rolling. Ready? Ready?

I: Yep.

CH2: (*Playing noises*)

I: So, if I decided I was going to come down and do some drawings with you, would you start it back up again or do you still want to stop?

CH2: Stop.

I: You still want to stop, okay. Now, can you remember the computer one we did last time?

(*The child agreed to be recorded talking about the activity but did not want to go back to the activity*)

I: But we won't ask you about this, we'll talk about the activity. So, did you get angry because you were talking about your tummy mummy or you get angry because I wasn't helping?

CH2: I wasn't really angry. I was happy.

I: You said you were medium angry?

CH2: I wasn't.

I: And that's why you wanted to stop. It's okay if you're angry. I'm not saying that you shouldn't be angry. I just want to know what you were angry about.

CH2: I wasn't angry at all. (Laughter) I tricked you, I tricked you!

I: Ohhh, so why'd you want to stop then?

CH2: I don't know.

I: Tell me why you wanted to stop.

CH2: To listen to the tape recorder, listen to me talking.

I: Yeah.

CH2: And that's it.

I: Is that all?

CH2: Uh huh.

I: Did you want to listen to the whole thing, go through?

CH2: Yeah.

I: So I'm confused now. Were you angry because I wasn't helping you?

CH2: No, I just wanted to listen to the tape recorder. I was happy all along, all along

I: I'm confused now. So, help to me.

CH2: Did I confuse you? I'm so sorry.

I: Yeah. So can you un-confuse me?

CH2: Umm, I don't know.

I: So were you just playing a game with me?

CH2: Uh-huh!

I: You wanted to listen to the tape recorder?

CH2: Uh-huh.

I: Okay, but you can tell me if you're angry with me. You can be really angry with me if you want to. So were you angry with me because I wasn't helping?

CH2: No, I wasn't even angry.

I: Were you angry because you...?

CH2: I wasn't angry!

I: You had to do all the work?

CH2: I wasn't angry! I wasn't angry!

I: So why'd you tell me were you angry?

CH2: I was only joking.

I: Because I wrote it down, look. What should I do with it?

CH2: Do another one.

I: I can cross it off if it's not real, but if it's real I can leave it there and that's cool. So what should I do?

CH2: Biff it away.

I: Biff it away?

CH2: And then do another one.

I: Now, you said the computer you were, what size happy? Big, small, medium? When you did the computer one.

CH2: Big. I want to draw.

I: Did you like drawing these things? Did you like drawing the figures? These things?

CH2: Yeah, I want to make more of them.

I: Yep? So you like doing the drawing stuff. Which bit didn't you like?

CH2: None of it. I like all of it.

I: You liked all of it, but you stopped it. So why'd you stop?

CH2: I don't know.

I: See, I want to figure it out so that next time I go and see somebody I don't want to make them uncomfortable or unhappy or angry, so what would be the best thing for me to do? Do you think I should take this one or do you think...?

CH2: (*mumbling*)

I: Or do you think this is no good? Is it good or no good?

CH2: No good.

I: No good. Why is it no good? Tell me why so I can go like this, and then that will be it.

CH2: Because it's no fun.

I: It's no fun, okay.

CH2: Uh-huh, uh-huh.

I: So the drawing...

CH2: Why are you writing that down?

I: Because it's no fun, because I've got to remember it.

CH2: Oh.

I: I'm not going to show anyone, and I'm not going to tell anyone, okay?

CH2: Make another mommy.

I: I'm going to say, "Mr. Bumblebee, Child 2, said that he didn't really like this one very much because it wasn't fun".

CH2: Uh-oh.

I: Okay?

CH2: Yeah.

I: But now you've just started drawing them.

CH2: Ahhh, so I can have two for each.

I: Which circle?

CH2: Happy.

I: Which size, big, small, little?

CH2: (*Playing noises*) big.

I: So you liked the drawing because...

CH2: I love it.

I: You love drawing and you love colouring and those things, but it would have been better, do you still think it would have been better if next time I go I should do some with you?

CH2: How come you didn't come last year?

I: What do you mean last year?

CH2: You were going to come, but then you did not stopping?

I: No, because you went to camp, and I thought you were at camp, I didn't know you'd got sent home. So I've been waiting for you to get back to camp.

CH2: Get back from camp.

I: Get back from camp. So that's why it took me so long to come back.

CH2: (*mumbling*).

I: So it was quite a long break wasn't it? Do you feel like you've forgotten me?

CH2: Yeah.

I: So was it quite hard to talk to me when I first came in or was it easy?

CH2: Easy peasy.

I: Because you were a little bit shy weren't you?

CH2: Yeah, I always am.

I: Why do you think you were shy of me?

CH2: Because you were new.

I: Because why?

CH2: Because you were new again.

I: It sort of feels like I'm new again. Have you got enough ones down there?

Child starts drawing the people again.

I: Was it a big, small or medium?

CH2: Big, I already told you that.

I: Oh, okay. Well, you remember me; I haven't got a very good memory. Now I'm not sure what to do with the angry bit.

CH2: I said, throw it away and do another one.

I: Did you get angry doing it though? Tell me, did you get angry, truth?

CH2: Yeah, uh-huh.

I: And you were angry because I wasn't helping you? You were doing all the work?

CH2: Yeah, uh huh.

17 minutes later as the child continues to draw the activity people.

CH2: There, voila, both the same [00:16:32]. They look like polar bears, eh?

I: They do. (Laughter) All right, so that, we all finished?

CH2: Almost, I'm going to do all of these (*the child wanted to continue on*)...

Appendix 20

PML Interview Word Analysis	
Child 1	<ul style="list-style-type: none"> • MLU = 4.5 • MLU Comparisons; Off Topic = 5.5 (increased by 0.55); On topic = 3.9 (dropped by 1.05) • LU = 69 (on topic)/ 22 (off topic) • PML Activity = 58.39% on topic
2	<ul style="list-style-type: none"> • MLU = 4.18 • MLU off topic = 5.48; on topic = 4.2 (4.48 prior to STOP card); off topic = 7.9; on topic = 7.2 (7.36 after STOP card and listening to the interview recording) • LU = 30 (on topic)/24 (off topic) • PML 79.61% on topic
3	<ul style="list-style-type: none"> • MLU = 5.74 • MLU (off topic) = 8.93 (3)/ (on topic) = 4.84 • LU = 47 (on topic) 70 (off topic - describing a you tube site) • PML 65% on topic
4	<ul style="list-style-type: none"> • MLU = 5.42 • MLU Comparisons = MLU (off topic) = 6.75; MLU (on topic) = 4.92. The child's "I don't know" responses dropped to 34 in comparison to the 45 in Interview 2. • LU = 157 (on topic - recounting an experience, p13/14); LU (off topic - talking about her cat) = 39 • PML Activity (3) - 66.05% on topic. The structured participative activity slightly increased the amount of words spoken on topic in the PML activity compared to the FC Activity
5	<ul style="list-style-type: none"> • MLU = 6.02 • MLU Comparisons = MLU (off topic) = 5.81; (total words = 529, total utterances = 91); MLU (on topic) = 6.07; (total words = 2414, total utterances = 398) • LU (off topic) = 23; on topic = 81 (3) • The words spoken on topic during the PML Interview Activity represented 82% of all words spoken throughout the interview (3).
6	<ul style="list-style-type: none"> • MLU = 10.23 • MLU Comparisons; MLU = 10.33 (on topic), MLU = 9.7 (off topic) • LU = 30 (off topic - discussing colours for the activity); LU = 171 (describing where people are placed on the board and why) • PML Activity = 84.16% on topic
7	<ul style="list-style-type: none"> • MLU = 6.35 • MLU Comparisons; MLU (off topic) = 7.07; MLU (on topic) = 6.80 • LU = 33 (on topic); 25 (about activity/off topic) • PML activity = 85% on topic - this child was less distracted and able to concentrate and complete the activity aided by the clear boundaries of the activity
8	<ul style="list-style-type: none"> • MLU = 6.77 • MLU Comparisons; MLU = 5.82 (discussing activity - off topic); 6.98 (on topic). The end MLU = 2.5 (prior to a break); 8.4 (after break)) • LU = 47 discussing the activity or off topic and LU = 69 on topic • PML activity = 85 % on topic
9	<ul style="list-style-type: none"> • MLU = MLU = 4.82 • MLU Comparisons; MLU (off topic) = 5.04 - MLU (on topic) = 4.8 (3) • LU = LU (off topic re drawing) = 18; LU (on topic discussing his friends)) = 45 • PML activity = 88.12% on topic
10	<ul style="list-style-type: none"> • MLU = 3.72 • Interview MLU Comparisons; MLU(off topic) = 6.24 (2); MLU(on topic) = 3.42 (3) • LU = 19 (on topic - discussing BP)/ 19 (off topic - discussing parallel activity) • PML = 81.45% on topic (3)
11	<ul style="list-style-type: none"> • MLU = 6.22 • MLU Comparisons; MLU = 6.21 (on topic), MLU= 6.28 (off topic) • LU = LU = 56 (on topic - recounting an experience); 29 (off topic - talking to the dog) • PML Activity = 89.11% on topic
12	<ul style="list-style-type: none"> • MLU = 4.96 (3) • MLU Comparisons; MLU (off topic) = 6.84; MLU (on topic) = 2.05 • LU = 56 (on topic - discussing missing his friend)/ 58 (off topic - describing a game) • PML Activity = 85.12% on topic

Appendix 21

Comfort Measures over Interview 1, 2 and 3

Comfort Measures – (Journal) Interview 1

Child	Beginning of Interview	End of Interview	Other Factors
1	Happy	Medium Worry (about the gingerbread man he made breaking)	
2	Happy	Happy	Reported he was sad at the post interview measure
3	Medium Worry	Happy	Big worry when he thinks about school
4	Medium Worry	Happy	
5	Happy	Happy	
6	Happy	Happy	Medium worry when thinking about interviewer coming – big worry when talking about her BM
7	Happy	Happy (relieved)	
8	Happy (excited)	Big Worry (because the interviewer might not return)	Medium worry when talking about bullies at school
9	Small Worry	Happy	Happy when completing the journal before the interviewer arrived
10	Happy	Happy	Big worry when talking about him being ‘bad’ and medium worry when talking about his BF & BM
11	Happy	Happy	
12	Happy	Happy	Small worry when thinking about a rock falling on his house – big worry when he thinks about not living with his BM & BF
Some children asked to indicate ‘other’ factors with the comfort circles, some did not. BM = Birth Mother; BF = Birth Father			

Comfort Measures – (FCA) Interview 2

Child	Beginning of Interview	End of Interview	Other Factors
1	Happy	Happy	Other emotions identified; medium worry/sad at night when he can’t sleep, angry – birth mum on drugs and bullying, small worry about caregiver and getting older, sad when in trouble
2	Happy/Excited	Relieved (“that I have to talk a lot”)	Other emotions; sad, missing, worried (in relation to birth mum and dad)
3	Happy	Happy	Big happy when talking about living with his grandparents – talking about his BF and BM medium worry – worries BM might die – Big Sad (when talking about his BM)
4	Medium happy (“I am okay”)	Medium happy (“I am okay”)	When asked how comfortable she was indicated a big comfortable (about talking)
5	Happy (“I haven’t seen you in ages”)	Happy and relieved	Big sad when talking about her BM not visiting her Became tired at the end of the interview – said she was relieved ‘because I get to watch TV.’

6	Happy	Happy (very excited)	Identified the first topic was the hardest because she had a small worry about talking, the next topic was medium happy – talking about the fourth topic being away from home was a medium worry
7	Happy	Happy Medium Happy bored with questions	Other emotions; angry at people, psycho at people, between sad and happy when in trouble, relieved when questions stop and bored with the questions
8	Happy	Sad (because the interviewer was leaving)	Indicated comfortable the whole time the interviewer was there and uncomfortable when the interviewer left. Other emotions identified – confusion, surprise, anger, worry, sad, distracted, ashamed (school, talking to interviewer, birth parents, being in trouble)
9	Happy	Happy	In the middle of the interview medium sad. Medium sad when talking about getting in trouble (“I don’t think you should be in trouble”)
10	Happy	Happy	Medium worry about being alone, big worry and big sad when talking about missing his BF – okay talking about it though
11	Medium happy	Happy	The participant was very different from the last interview calmer and more relaxed. Big sad when talking about a lost doll she had brought with her when she came to live with her grandparents – middle worry when in trouble, middle worry when talking and thinking about living with her grandparents – she identified (“this is normal for me”)
12	Happy	Happy	Happy to be allowed on the laptop computer
Some children asked to indicate ‘other’ factors with the comfort circles, some did not. BM = Birth Mother; BF = Birth Father			

Comfort Measures – (PML) Interview 3

Child	Beginning of Interview	End of Interview	Other Factors
1	Happy	Medium Sad (ended the interview with a STOP card)	Child 1 had been asked to leave a health camp he was attending for behaviour problems – the child was very different than the previous interviews (high attachment to the interviewer and higher in anxiety)
2	Happy	Medium angry (ended the interview with a STOP card)	Child 2 had been asked to leave health camp he was attending (with his brother) for a behaviour problem – the child was very different than in previous interviews (angry, resistant, avoidant, wouldn’t verbalise)
3	Happy	Medium Sad (because the interviewer was leaving)	Middle sad only when he talked about his BM & BF
4	Medium happy (“I am okay”)	Happy	Medium okay at the start was about needing help to colour in, once the interviewer indicated she could help – this changed to a happy. Big sad when talking about BM & BF
5	Happy (time off school)	Happy	Happy with talking about hard things. Happy if she doesn’t know something. Big angry with BF of her siblings.
6	Happy	Happy	In the middle between small and medium happy (happy but a little bit nervous) Big sad talking about BM and big worry talking about (step)father (but was raised by him during infancy)
7	Medium happy	Medium happy	In interview 2 this child had asked if I visit him before the

			<p>next interview, this was done the day before. The child was very different than the previous interviews, he was excited when the interviewer arrived, relaxed, engaged in the interview task and completed the activity. He did not ask for the Yu-Gi-Oh cards he negotiated for at the previous interview.</p> <p>Midway in the interview he indicated a big happy. He indicated a big sad about his sibling and his BF.</p>
8	Happy	Happy	Big angry at her BF, big happy her BM came to her birthday, big sad she has no friends, big confused about how other people feel about her, bigger than the whole room her missing her BM. First interview the child did not indicate a big sad for the interviewer leaving.
9	Medium happy (two of his best friends had moved away)	Medium happy (some of the questions were too hard)	
10	Happy	Happy	Big happy when visiting his sisters and her boyfriend's house, big sad when talking about his BM & BF – big happy decorating the people on the activity
11	Happy	Happy	Happy in the middle of the interview.
12	Medium happy	Medium happy	Big happy talking, Big missing his BF
<p>Some children asked to indicate 'other' factors with the comfort circles, some did not.</p> <p>BM = Birth Mother; BF = Birth Father</p>			

Appendix 22

PML Board Placements:

Where Children placed others on the PML board

	Self	Caregivers	BM	BF	Siblings	Friends	Extended family	Pets
Really Love	[12],5,4,3,7	10, 8,6,5 4,2,1,3,[9*]	11,10,7,4, [6]	10, 7,4	10,7,5 older sister, brother she had not met,3	12 (best friend), 9 (some)	10,6 (BF's wife, aunty, cousins),4, [5live in cousins]	11,8,6,5,4,
Love	[6]	12,11(one caregiver),7,[9*]	12,9,3	11,9,1,3		11(best friend), 9	8, 7 (other grandparents)	
Like	[6]	6 (dead caregiver)	8	6	[9],[6],4(older siblings)	9 (others)	6 (step brothers), [5 live in cousins][6live in cousin]	
Don't Like	[12]	11 (other caregiver)	5		[9],[6 live in sister],[5live with BF],2,4 (younger siblings)		[6 live in cousin]	
Really Unhappy With			[6], 1	12,8 (off the board)				
Other comments	1: Insufficient data as he stopped the activity 2: Would not discuss BP's and stopped the activity at this point – therefore insufficient data was collected 3: Reported caregivers adopted me and I don't see my birth parents (BP) much 5: Doesn't like the siblings who live with her BF, really loves 2 siblings she has never met, really loves 3 people who were deceased and 2 deceased cats, 6: BM moves around the board, Daddy D who the child used to live with moved around the board, really miss, like, really love, (self) placement moves around the board 7: Could not decide between really love and love when placing his past caregiver who died when he was in his care 8: Used big figures for her BP's and small figures for her caregivers to illustrate the size of the emotions 9: Focused mostly on his friends, had to be asked where he would place his caregivers by the interviewer 11: Identified one caregiver got her into trouble with the other as the reason for different caregiver placements							
Key: [] = moves around the board, * didn't include placement was asked by the interviewer where he would place this person BM = birth mother; BF = birth father, Child 1 – Child 12 = 1-12								

Where Children Thought Others Would Place Them on the PML Board

	Caregivers	BM	BF	Siblings	Friends	Extended Family	Pets
Really Love	1,4,5,6,7,8	4, [5], 6,7,10,11	1,4,7,9,10,11,12	4,5(sister who used to live with them),7(sister who lives with a foster family),9,10 (older sister and boyfriend),12 (lives with BM), 6 (older siblings)		4,6,7 (cousins),8 (other grandmother)	4,8,11
Love	10,11,12	8,9,12	3,6	4 (other siblings)	11	7(granddad, caregivers partner),12(uncle)	
Like	9				3,12		
Don't Like			8	3, 10 (live in brother)		4 (live in cousin),5 (live in cousin)	
Really Unhappy With		[5]		4 (lives with BF),8 (lives with other GPs)			
Don't Know		1,3				8 (other grandfather)	
Comments	1: Did not know where to put his BM 2: Insufficient data as he did not complete the activity 5: Moved her BM between really love and really unhappy with 9: Moved caregiver between like and "I don't know"						
Key: [] = moves around the board, BM = birth mother; BF = birth father, GP = Grandparents, Child 1 – Child 12 = 1-12							

Reflections

ⁱ *If we are to adopt the UNCRC as our guiding document for child rights then it is not a question of whether children should be afforded the right to participate as this has already been stipulated within the UNCRC. It is instead how we design research that is both protective and participative.*

ⁱⁱ *Whilst both theoretical models illustrate the importance of, and seek the involvement of, children in research each model serves their own research questions and focus. Often theoretical frameworks approach reality too simplistically which tends to fuel the protection-participation debate. The lives of human social beings is complex and the theories often appear to approach the view of the child in a black and white manner which does not necessarily fit well with reality. In the real life scenario of parenting a child the concept of protection-participation often involves a continual process of weighing up the consequences of decided actions. It also requires the decision maker knows the individual characteristics and nature of the child as much as that of a parent. Should this not also apply within the research context? This would make it necessary to continually consider consequences of interviewing children in out-of-home care to carefully consider and safeguard their involvement prior to the participation? It would also bring about the requirement of the interviewer to know something about the child prior to engagement? Does this not then require the acknowledgment of some child participant vulnerability? In essence it highlights a need for the researcher/interviewer to take on a 'protective parent' mind-set.*

ⁱⁱⁱ *If the child is viewed as competent enabling 'active' participation then this must challenge the role of the researcher. Therefore to establish a collaborative research relationship between the child participant and the adult researcher must the child either be viewed as a co-researcher or the researcher as a co-participant? Can this compensate for power imbalance? Does power need to be balanced or just acknowledged and transparently recognised?*

^{iv} *To design the data collection methods there is a need to be able to first identify what children will be able to do (their interviewing competency). There is a great amount of debate and conflict in the research literature. This therefore drives the need to trial some methods*

and techniques and see which ones the children like and identify in the process the similarities and differences to what other researchers have found in their research with children.

As soon as the word trial is used I am conscious of the experimental nature of the research on children. To avoid objectifying the child participants an incorporation of the participation philosophy (as much as possible) and design study protocols that provide opportunities for the children to retain choice/control of the research will be required.

My view of the child based on my previous work experience is; as competent and capable to participate, are able to participate in task based activities similar to within the school environment, able to stand up for themselves and query the process, will want to help, like responsibility, may not feel comfortable with me, may not want to answer some questions, may use avoidance strategies, may want to do things their way. This view however is limited in respect of the target population and has stemmed from a work based setting opposed to a research setting. Will the research setting give rise to child characteristics differing from my work experience because of the research focus of eliciting potentially sensitive information for children in out-of-home care? Will the ambiguity attached to the role of researcher change my interactions with these children? How can I then design a study that will address all those factors? Is participatory methods the best method for the research question or will any activity based task be sufficient?

^v *There are many stated differences of opinion on whether the child participant is capable of authentic reporting (see Docherty & Sandelowski, 1999; Fernqvist, 2010; Morrow & Richards, 1996) yet if the child participant is experiencing distress will this not then filter the information they offer through defence mechanisms and/or avoidance strategies? Some research has indicated that children are incapable and/or unreliable in their reporting because of their competency differences from adults, however could their perceived incompetency be the result of the child feeling uncomfortable in the research process?*

^{vi} *This literature review was completed after the Evaluation Interviews (the final stage of the pilot study). Until then I had only read literature which had given me an overview of interviewing children and methods that had been used with children to inform each stage of the study design. It was helpful to do the present study this way as it restricted interviewer*

bias and assisted with this study remaining exploratory in nature (I could not anticipate what I was going to find from what had been suggested in the literature). This present study was designed iteratively to allow the child participant feedback and outcomes to determine the methodology. From completing the literature review I came across the statement; how can the children be fully informed of the study if the researcher does not know where the study is going. This concerned me (ethically) as this is how I had conducted this present study.

The way I viewed the child at the beginning of this present study could be clearly identified from the ethics application and was influenced from my engagement with children in my work environment. I had a view of the child as competent and able to make choices about whether (and how) they wished to participate in research. I did not support overprotection. I was concerned children were vulnerable to adult's choices and were often unable to access freedom of choices. Upon contemplation of the research setting and the knowledge of the complex challenges children in out-of-home care face, I reconsidered this position yet felt there was not enough evidence-based information available to adopt any ethical stance concerning the engagement of children in out-of-home care in the research process. I believed I was fully skilled because of my experience with children in my work environment to conduct research with children however discovered there were aspects of research interviewing I was a novice.

The timing, order and structure of the study design are critical factors to consider in exploratory research because each stage of the research process has contributed to my progressing knowledge and therefore my views of the child participants and their capabilities and therefore the decision-making throughout the research process.

^{vii} *If children's reports are authentic because they are their personal 'actual' views, it is reasonable to assume validity (authenticity) can be reduced by researchers' faulty interpretation in the data analysis and reporting phases (Morrow, 1995 cited in Brotherton et al., 2010). This may justify the reasoning of why some researchers suggest children should be participating in this role as co-researchers. However, with children in out-of-home care there are many potential reasons for the children to inaccurately report? What factors do I need to be aware of to maximise the validity and reliability (authenticity) of children's responses? Anxiety is likely to disrupt this process so then how do I maximise child participant comfort? What factors are likely to contribute to their anxiety?*

^{viii} *This raised an ethical concern for me and I had to make a decision whether or not to use the data collected from these two children. Both the children and the caregiver were adamant they wanted their information included and should have the right to contribute. This highlights the ethical debate of who should be making the decision for children to be involved in research?*

^{ix} *This recruitment process was designed to follow the Ethics Committee's stipulations yet exemplifies the protective barriers (the concept of adult's as gatekeepers) that exist to exclude children from the opportunity to participate in research. It highlights on the other hand the social/cultural practice of caregivers being the primary actor to facilitate the participation of children (this is not restricted to research but is evident within NZ in respect of other activities such as school trips, sports etc.).*

^x *This measure included some deception as the researcher did not want to make the child participants uncomfortable by telling them I would be recording some of their body language and actions. It may also have changed their natural responses. Looking back I think I underestimated the children and could possibly have explained this to them without it making them uncomfortable. This however was not established within this present study. Was this necessary or could I have amended the design in some way to eliminate the need for the deception? Should I have explored this further with the child participants?*

^{xi} *This activity was initially designed without the topic board however this felt uncomfortable for me as I felt the children may forget or not fully understand they were being interviewed. There was a conflict between wanting the children to feel they were engaged in a natural conversation and sharing the topics they wanted and the possibility they would forget what they were saying was actually going to be transcribed and reported on.*

^{xii} *There was some deception to this activity as the children were told and obviously believed that the activity was anonymous and the interviewer would not know who put which answer in however this was not so as it would be pretty easy for the interviewer to work out who put which answer in, especially in the case of single child participants. Could this have been designed better? Was the reasoning for this whilst well intentioned, ethical?*

^{xiii} *The sharing of information with the caregiver was a moment of critical concern regarding the confidentiality of child participants reporting. There was an amount of pressure from the caregivers to gain some understanding of their child to enable them to support them more. Some child participants were clear they did not want their information to be shared with their caregivers. Other child participants included their caregivers transparently throughout the entire interview process. In reading child focused literature some researchers have spoken about a feeling of discomfort when processing ethical issues. This issue of sharing child participant information became an area of discomfort for me. The considerations that arose for me were as follows:*

- *Whilst all of the child participants shared their 'pseudonyms' with their caregivers making the issue of confidentiality of child information redundant, it was recognised it was an issue of trust and betrayal of the child participant that was important when considering the sharing of information.*
- *If the caregivers have entered into the research process (by signing consents) is it not expected they would anticipate and have a right to some form of feedback?*
- *What expectations and customs concerning the participation and protection of children are embedded within the social and cultural practices of this family? Do we as researchers have the right to interfere with these expectations and customs?*
- *Could the refusal of some form of planned feedback expose the child participant to probing from their caregiver?*
- *If as researchers we are ethically required to 'do no harm' would this issue if not addressed appropriately and sensitively have the potential to cause harm to the relationship of the caregiver and the child?*
- *Is it unreasonable to expect that research may have a therapeutic effect by creating mindfulness to the relationship between the caregiver and child through the sharing of the knowledge that may have emerged?*
- *Is it reasonable to suggest that as researchers we can enter into a family home without impacting the family and their relationships in effect leaving a footprint on*

their lives and if this is so how does the sharing or not sharing of information affect this?

As a result many may disagree with the ethical decisions I made about the sharing of information. However I feel it was ethically designed in such a way as to preserve the anonymity of the child, respect the child's wishes and to respect the individual family's expectations and customs

^{xv}**Final Note:** *The exploratory nature of this research has been very challenging yet exhilarating. It has shown me how difficult it is to define to the readers how many thousands of decisions went into the design of this study. I feel disappointed that the thesis was so long however the complexity of the constructs, the unanticipated twists and turns the exploratory design led to and the lack of existing knowledge made the thesis one of complicated explanations and descriptions. I sincerely hope I have been able to communicate the importance of this topic and given sign posts of areas and notions worthy of more research. I hope I have been able to highlight the challenges children in care and their families overcome. I hope I have been able to showcase the children's competencies to overcome their challenges in collaboration researchers and/or practitioners driven by a duty of care. Finally I thank the participating children and families of this study as I know I have left this project understanding more about them and through this understanding have gained a professional compassion for their plight.*